



**CENTERS FOR DISEASE[™]
CONTROL AND PREVENTION**

CDC IDENTITY GUIDELINES

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Instructions

This document is a PDF version of the CDC Identity Guidelines (PDF, Portable Document Format, is the file format used by Adobe Acrobat). The format mirrors the "look and feel" of the Guidelines available online to CDC employees who have access to the CDC intranet.

This PDF version will function similarly to a website in that any hyper links will be colored a different color (blue is utilized in this PDF) and can be selected. There are some exceptions. All URL formatted links (e.g. www.cdc.gov) will not function as you would expect. The reason is that Acrobat is not a browser and cannot merely open an HTML document, it must convert it. That is why those links are not available and are not colored blue.



To get started, ensure that the "Hand" tool is selected from the Adobe Acrobat menu at the top. This tool will enable you to select links throughout the document.



You can make your way around this document in a number of ways. If you merely want to read the document page by page, you can use the arrows from the menu, or simply use the Page Up or Page Down buttons on your keyboard.

Introduction | WritingStandards | GraphicStandards

This document is separated into three sections; an Introduction to CDC Identity Guidelines, Writing Standards and Graphic Standards. These sections can be selected from the top by choosing the tab you wish to navigate. Once selected, the tab will appear "white" and the selections within that section will appear in the left margin as shown.



The other option available is using the Bookmarks section, available in most PDF documents. Look for the Bookmarks tab in the left portion of the screen. This list of pages acts like a "site map" and can quickly point you in the right direction, if you know what you are looking for (the actual appearance of the Bookmarks tab will vary according to the version of Acrobat reader you are using - in any case, the tabs will be located on the left side of the screen).

That should be enough to get you started - click [here](#) to begin.

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INTRODUCTION

This section explains how to implement CDC's Guidelines relative to established writing standards and graphic standards. Here we provide examples of statements and products that express the CDC Identity Themes to the general public, media, public officials and partners, primarily to spark ideas for incorporating these themes into your communication products. When you are developing your communication materials you can apply the principles outlined here to consistently communicate about the agency.

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CDC'S IDENTITY

What It Means. Why It Matters.

As CDC employees, we all know how the world thinks of CDC today: they think of Ebola outbreaks, of blue bio-hazard suits, deadly exotic viruses, and science fiction novels. They remember references from 'Mission Impossible,' 'Outbreak,' 'the X-Files,' news stories about West Nile virus or Avian flu.

We all know, of course, that these perceptions do not begin to encompass all that we do—but the truth is, in the public's mind, it defines us. Quantitative research demonstrates that fact: barely half of the American public is aware of CDC's work in immunizations. Less than half know that CDC is involved in environmental or chronic health issues. And fewer than 20% recognize that CDC works in occupational health, injuries, and violence (Healthstyles, 1999 data).

We might argue that this perception isn't relevant—we do this work because it matters, because it engages us, not for recognition. But it's a fact: in this crowded communication environment—with literally hundreds of health organizations and even more messages bombarding us daily—if people are unaware of the work CDC does, we lose valuable opportunities to have a positive impact on public health.

After all, we want children to wear bicycle helmets. We want young women to take folic acid and prevent birth defects. We want our partners to turn to us when the immunization rates drop in their communities or when they are seeking to lower the rates of heart disease. This is more than our business, it is our mission, and we are actively seeking to make it stronger, every day.

How then can we achieve this goal? By spreading the word more effectively, of who we are and what we do, we can have a greater impact on the health of the American public. Making that impact, however, requires that we communicate clearly and consistently about the identity or core of CDC. This process of identifying the core of our agency and then communicating it consistently is essential for any successful organization—whether it's in the business of selling plane tickets, teaching students or building computers—and it's especially important for CDC.

Uncovering the Simple Truth

We conducted over a year of research to uncover the core of CDC—to understand what people value most about CDC's work and what is considered our unique role in public health. We held workshops with CDC leadership, focus groups, and interviews with employees all across CDC. We conducted quantitative and qualitative surveys to discover the themes and messages that best describe CDC's work. We spoke to a wide range of the public, partners, and the media about what health concepts and overall benefits are most important to them. And we tested the specific language that best conveys those benefits, such as "Taking action to keep you safe and healthy," or "Health information you can count on, from the world-renowned experts," or "Working with organizations you know and trust to keep you and your community healthy." The audience research consistently identified three key themes of CDC's work: protection, information, and partnerships. CDC protects people's health and safety. We provide health information that people can count on. And we improve health through strong alliances with a wide range of partnership organizations.

Above and beyond the three core themes, however, there is one other component of CDC's work that is ingrained in the minds of the public and partners. That concept is action. Whether we're working to protect the public, working in partnership with others, or developing critical information, people consistently defined CDC as an agency

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dedicated to action. We put science into action, moving beyond research and investigations to apply the findings that protect the public's health and safety.

CDC's action orientation and the three themes—protection, information, and partnerships—gave us the direction we needed to design a new logo and tagline; one that most effectively speaks to those core ideas. We tested a wide range of options for CDC's new "look" and tagline. We showed different looks to partners, the public, and to CDC's employees. We conducted extensive research, through the internet, in CIO briefings, and email contact for people to review options and share their opinions as to what spoke most clearly to CDC's core identity. As a result of all of this research, a new logo and tagline emerged as the best way to communicate more clearly who we are and the benefit of what we do—safer, healthier people.

Identity Is All of Us

The new logo and tagline more accurately and effectively communicate our mission and our work to our diverse audiences—the public, partners, public officials, the private sector, and public health professionals. But we did not undertake this project just to create a new logo and tagline. The tagline is only that—a line. And a logo is only that—an image. Creating a unified, credible look is important, but the words and the logo do not truly define CDC. We are what defines CDC. It is our work that delivers on the promise of safer, healthier people.



With our partners, we have increased vaccination rates and lowered vaccine-preventable diseases by more than 97%. We have made water safer to drink and food safer to eat, helped to protect people in their workplaces, cars, and in their homes. As partners in the mission of public health, we have helped to add thirty years to the average life. These public health achievements have established CDC's identity in the public eye.

Public health, and CDC, has met many challenges in the past century—but the challenges of the coming years may be even greater. If we are to meet these challenges, if we are to move CDC forward, if we are to advance our mission of serving the public and providing active protection to people here and abroad, then we must all learn how to leverage our strong reputation. That is where this book can be of use: it will show how you can use the results of the audience research, the logo, the themes, and the tagline effectively to inform and inspire all that we do.

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CDC'S HISTORY

A Short History of CDC:

Name, Design and Mission Through the Years

The new logo and tagline might seem like a change for CDC. But the truth is, CDC has been changing since its very beginning. In many ways, our mission is defined by change: to anticipate where public health is going, and to prepare ourselves accordingly. This evolving mission—from our origins as a malaria control agency in war areas to our 21st century role as a global protection agency—has been reflected in the evolution of our name and in our physical facilities.

In the Beginning:

Mosquitoes, the Military and Malaria



To realize how far CDC has come over the years, we need only take one glance at how we started, during the 1940's. That's when our predecessor agency, the Malaria Control in War Areas (MCWA) agency, began its work protecting soldiers (and later civilians) from the mosquito endemic South. Originating from a barn in Savannah, GA, the MCWA bears almost no resemblance to the CDC today—save the mission of working, on the ground and in the fields, to protect people from critical threats to their health.

Three Initials and an Atlanta Home: Introducing CDC

Based largely on the success of its wartime efforts to protect the public from malaria outbreaks, in 1946 the new Communicable Disease Center replaced the MCWA and opened its offices in downtown Atlanta, Georgia. As the Communicable Disease Center, CDC focused on protecting the public from the most prevalent public health threats of the day: infectious diseases such as polio and tuberculosis. The Epidemic Intelligence Service (EIS) was established in 1951, continuing to expand CDC's identity as a grassroots, cutting-edge agency dedicated to protecting the public from the most widespread, deadly and mysterious diseases.



Center for Disease Control: An Evolving Agency. An Expanded Mission.



The 1950's, 1960's and 1970's were a wonderful time for public health and CDC. We established our mode of operation—a blend of field epidemiology and accumulated data; developed our multi-disciplinary approach; and evolved into a health perspective that encompassed both grassroots and global perspectives. We began publishing the MMWR; began to engage in growing public health issues such as family planning, cancer risk factors, and birth defects; integrated the well-known National Institute for Occupational Safety and Health (NIOSH), and began working on environmental health issues. In 1970, we changed our name to the Center for Disease Control, maintaining the initials CDC, but reflecting the broader scope of our work, to

improve public health. By 1980, based on our multi-disciplinary approach as well as our many centers, institutes and offices of operations, we added an "s" to our name, and officially became known as the Centers for Disease Control.

Centers for Disease Control and Prevention: The Emerging Model for Public Health

When we think back on the past few decades, a wide range of public health issues come to mind: AIDS, tobacco use, breast cancer, diabetes, heart disease; preventable injuries from children riding without bicycle helmets to older adults falling in the home. We think about the rise in awareness of workplace hazards, such as hearing loss or repetitive motion diseases; of preventable birth defects, such as fetal alcohol syndrome or spina bifida. We think about the critical need for protection and prevention from environmental health hazards, such as asthma or lead poisoning. And we think about the emerging health crises of tomorrow, such as the risk of chronic disease from rising obesity and inactivity, the possibilities of bioterrorism, and the perils of antibiotic resistance.



From all of these issues a new model of public health has emerged—and an evolving role for CDC and all of our partners. Today's CDC does not focus solely on controlling disease outbreaks, but we also emphasize preventing health problems by addressing behaviors that can have long-term implications on our health and safety.

In 1991, to reflect the emphasis of prevention on public health, we changed our name once again to the Centers for Disease Control and Prevention.

**Safer, Healthier People:
The Priorities Have Never Changed. Only the Possibilities.**



In many respects, CDC looks nothing like the agency we once were—an outpost in rural Georgia with a narrow mission. CDC today includes approximately 8,000 employees, with representation across the country and around the globe. Our work encompasses every avenue of public health—from infectious disease to environmental risk, chronic disease to injury, birth defects to occupational health. We do not confine ourselves to the laboratory—but reach into communities, where people live, work and play. And we do not work

alone—but in partnership with a wide range of populations: not just state and local health departments, but advocacy groups, private organizations, and the public at large. The work of CDC and our partners in public health has some influence on every person in this country today. Just one look at our global headquarters, our bold new logo, and our global perspective demonstrates how much we’ve changed.

But also—how much we’ve stayed the same. Throughout the years, as our facilities have expanded, as our mission has expanded, as our resources and opportunities have expanded, there has been one constant: protecting the public from threats to their health and safety. It is what we did in the 1940’s, when soldiers and the public were at risk for malaria. And it is what we do today.

Our new logo reinforces both our vision of the future and the heritage of the past. The classic “CDC blue” and bold lettering speak to where we have been; the rays of light reaching outward symbolize where we are going. And the tagline promises what CDC is now, once was, and always will be: an agency dedicated to the cause of safer, healthier people.

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AUDIENCE RESEARCH

Ask Them What They Think

To establish a solid identity, it's critical to learn what people think about you. So we asked through focus groups, in-depth interviews, and analyses of existing survey research. To expand our knowledge base, the Office of Communication analyzed relevant studies from 1994 to 1998 on 1) the public's knowledge and attitudes about public health, 2) employees' perceptions of CDC core values, and 3) content analysis of media coverage about CDC. We conducted in-depth interviews with CDC leadership. We gathered feedback from employees throughout CDC. We conducted focus groups with the general public to test their perceptions about prevention awareness and CDC, the value and scope of work at CDC, beliefs about public health, and what language is consumer-friendly or confusing. We also conducted interviews with partners and CIO leaders to gain a firm grasp of all our stakeholders' views on what CDC does well/doesn't do well, the value it delivers, and how it is perceived. Lastly, we studied employee core values, the public's knowledge and attitudes about public health, and how the media talks about CDC.

Charting a Course for Our Identity

With a better understanding of the general public's perspective, we next turned inward to better examine and identify what was most important and unique about CDC. At a CDC senior leadership identity workshop conducted in February 1999, we discussed, through small group activities, our findings from all the research to date regarding current perceptions about CDC. We then brainstormed "outside-the-box" to find common themes across CDC's work that reflect current and desired perceptions of CDC. Step-by-step, we worked together to sort through the many thoughts and ideas and synthesize all of the available data into a simple matrix that summarized how we would like to be perceived by our various constituencies, by virtue of performing effectively.

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HOW/WHAT/WHERE?

Nothing can get to the heart of who we are and guide our future directions better than research. We have conducted extensive reviews of existing research and original audience research to assess internal perceptions of who we are and how we're different. We also broached these same topics with numerous external stakeholders.

What We Learned

Our findings indicated that externally, CDC is narrowly perceived as investigating outbreaks and has high credibility within society. We also learned that our stakeholders have high expectations for the organization overall and the scope of CDC's work. More importantly, we realized CDC could benefit greatly from an expanded but focused identity. In other words, the agency can be more effective in disseminating public health messages if we address our target audiences in ways that are consistent and meaningful. With this knowledge, we engaged in a significant audience research effort, conducted throughout 1999, to guide the development, testing, and refinement of a strong and unique identity for CDC.

So Where Did We Land?

Our research allowed us to measure CDC through our stakeholders' and our own eyes. We thought in terms of big ideas or "identity themes" that capture a unique aspect of CDC, and are relevant across our CIOs. We also thought in terms of our constituencies, or target audiences. Accordingly, we developed a matrix of three preliminary identity themes, matched and tailored those themes according to our audiences (policy makers, public health partners, employees, the media, and the general public), and presented ideas of how each theme would effectively resonate with each audience. After refining, critical themes were established from the data:

- Protecting people's health and safety.
- Providing health information people can count on
- Improving health through strong partnerships.

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TEST AND METHODS

We knew we were heading in the right direction, but we needed to hone the themes and messages even further. Through our next phase of primary research, we conducted interviews with partners, the general public, and CDC employees to:

- Determine whether the three identity themes adequately capture what is most unique and valuable about CDC.
- Determine whether the identity themes adequately differentiate CDC from other health-related organizations.
- Identify a single overarching identity statement that encompasses the three themes.
- Assess the best messages for communicating the themes, both in general and for each audience.

Methods

The next phase of audience research used in-depth interviews with partners, the general public, and CDC employees. Q-sort methodology and perceptual mapping were integrated into the in-depth interviews. Q-sort methodology provides a scientific rank-ordering procedure for identifying attitudes or opinions about issues, people, and organizations. This process entailed respondents sorting and prioritizing 49 professionally crafted messages according to how well respondents felt the message described CDC. In addition to the rank-ordering process, respondents were asked to rate how well the three proposed identity themes “fit” other organizations—NIH, FDA, and WHO—to determine the extent to which the identity themes accurately portrayed CDC and differentiated it from other agencies with which we are frequently confused. This process of mapping how people perceive different entities is called perceptual mapping. The perceptual maps illustrate how strongly CDC is perceived as embodying each theme and compares us to others on the same dimension.

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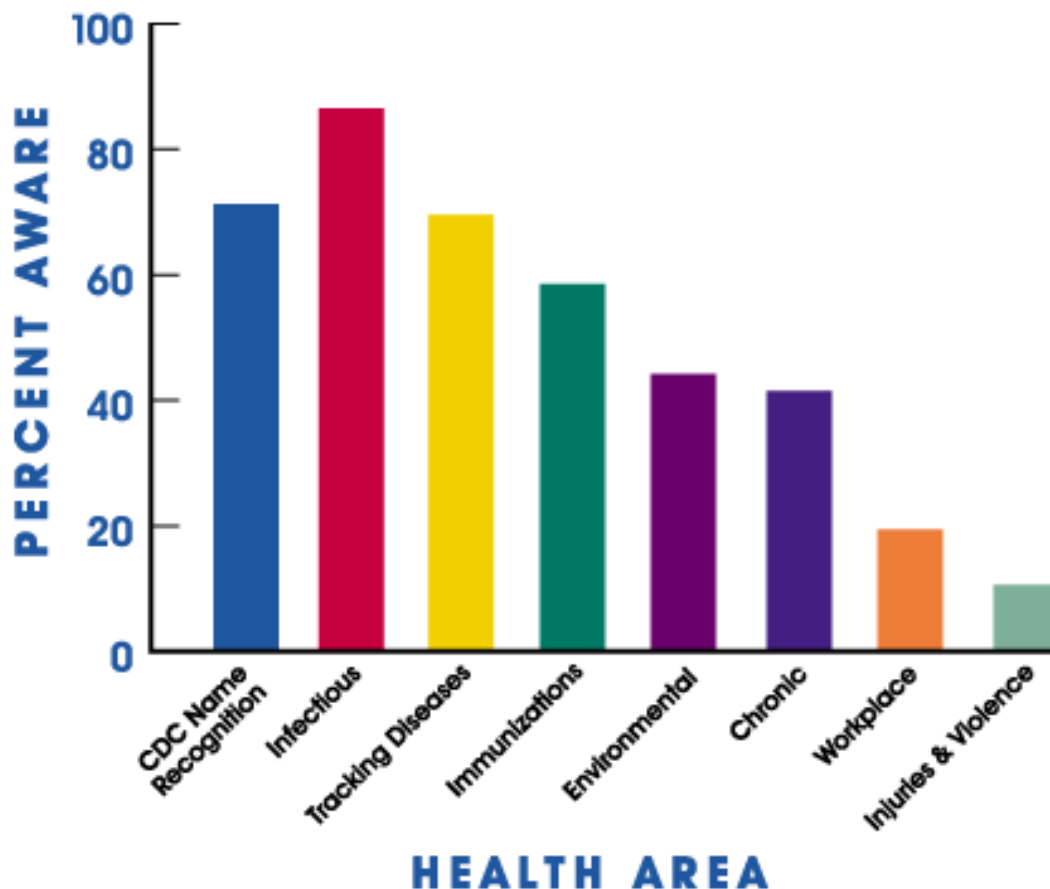
Test and Methods

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THEMES CONFIRMED

After testing and analyzing, three factors or points of view about CDC emerged from the Q-sort that were strongly consistent across partners, employees, and the general public. These points of view corresponded well to the three proposed themes (protection, credible information, and partnerships). The proposed themes also were effective at differentiating CDC from the other health organizations tested. Furthermore, one overarching concept that captured key elements of the themes and set CDC apart clearly emerged. That concept was ACTION—the personality of CDC was described as action-oriented. Together, the Q-sort, perceptual mapping, and additional feedback gathered through the in-depth interviews provided specific guidance for refining the identity system in terms of an overarching personality, the wording of the themes, and the wording of the audience-specific messages. Overall, and for all audiences, there was strong and compelling evidence that this identity system constitutes an accurate and distinctive position for CDC.

AWARENESS OF CDC AND ITS HEALTH AREAS



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PURPOSE OF STANDARDS

A Guide for Creating Strong, Effective CDC Messages

As a communication professional at CDC—whether a writer-editor, media relations officer, health communicator, or web designer—you are already aware of the range of opportunities to convey a clear and consistent depiction of CDC. Every press release, report, brochure, and web page is a chance for public officials, partners, and the general public to learn more about CDC’s mission and the importance of its work.

However, creating consistent messages across an agency as large and diverse as CDC can be challenging. The audience research conducted by CDC’s Office of Communication has helped provide clarity and focus regarding the key aspects of CDC’s identity and how to communicate that identity to a diverse set of audiences. The work of CDC—protecting the public from health and safety threats, providing credible health information, and partnering with national, state, and local organizations—is not new. And yet, the audience research revealed that many people are unaware of the full scope of CDC’s mission. For this reason, the findings from the research are valuable not only in developing a new logo and tagline—they also provide guidance in crafting effective messages about CDC’s work.

Purpose of the Communication Standards

The communication standards are designed to provide guidelines for developing effective messages about CDC based on the results of audience research. These guidelines are not meant to be prescriptive or a “how-to” guide. In fact, you will notice that the messages tested with the target audiences relate to the agency as a whole, and not to specific CDC programs. When you are developing program-specific communication materials, you can apply the principles outlined here to your messages and materials. Consistently communicating about the agency is an important element of a strong identity.

The audience research included testing a series of messages about CDC that described different aspects of the agency’s work and used slightly different concepts and terms to describe the work. The research helped clarify the personality of the agency, the key elements or themes of CDC’s work that make it unique and valuable to the target audiences, and the specific words and concepts that resonated best with the audiences.

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PERSONALITY OF CDC

Personality refers to the character of CDC and its employees, and how the agency approaches its work. Throughout all the audience research—from employees, to partners, to the general public—one word both defined CDC's personality and differentiated it from other government agencies and health organizations: action. CDC is viewed as an agency that is action-oriented. It puts science into action. It is about more than conducting basic research or outbreak investigations—it's about applying those findings to make people safer and healthier. And safer, healthier people are the ultimate benefit of CDC's work.

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IDENTITY THEMES

The following section provides an in-depth look at each of the CDC identity themes. The identity theme, crux of the theme, “feel” and “image” words, and audience-specific benefit statements are provided on each page.

The information provided is based on extensive audience research with the general public, partners, and CDC employees. This information is designed to help you incorporate CDC’s identity into all communication materials—the phrases can be used verbatim or as a guide to develop your materials.

The three identity themes are:

- Protection: Protecting people’s health and safety.
- Credible Information: Providing health information people can count on.
- Partnerships: Improving health through strong partnerships.

The audience research identified three key areas in which CDC’s action-orientation is translated. These key areas or identity themes are protection, credible information, and partnerships. Each of the themes describes an element of CDC’s work that is considered valuable to the audiences you serve. For example, a parent may relate more to the concept of CDC providing protection from health threats; a health media reporter might think first about accessing CDC’s credible information; and a state health worker may focus most on the idea of working with CDC through partnerships. Regardless of which theme resonates most with any one individual or group, the three themes together convey important and relevant information that has influence across all audiences. CDC is not viewed as any one theme, but as a combination of all three. Together, these identity themes convey CDC’s valuable and unique role in public health.

Audience research confirmed that:

- The work CDC does to protect the public’s health and safety and provide reliable information are of primary importance to the general public.
- CDC’s credible information and alliances at the federal, state, and community levels are of value to partners.
- CDC’s objective, scientific information and recommendations help public officials make important policy decisions. Public officials also are interested in how CDC’s work benefits their constituents (e.g., protecting their health and safety).
- The resources CDC provides—national and local spokespeople, credible information—are valuable to those who work with the media.

Are there any specific writing standards I must follow?

The tools provided here are designed to inspire, not confine. To ensure that CDC’s communication consistently convey these themes, ask yourself these questions:

- "Are the images I selected consistent with the themes' images?"
- "Do the text and images reflect the 'feel' of the theme?"
- "Is the text highlighting one or more of the themes that are relevant to this audience and the CDC program?"

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PROTECTION

Feel of Theme

- Sleeves rolled up
- In the field
- Guardian
- Shield
- Detective
- Blue suits

Images

- Action-oriented
- Courageous
- Tough
- Strong
- Responsive
- "Can do"
- Gritty

Sample Wording for Each Audience

The following statements illustrate how you can convey to key audiences the theme of CDC's active protection of the public's health and safety. Notice how these statements convey the feel and images listed above.

Multiple Audiences

- Protecting people's health and safety.
- Keeping people safe and healthy.

General Public

- Actively protecting your constituents against major health threats.
- Producing measurable, life-saving accomplishments with long-term savings.

Media

- Tackling tough health problems every day.

Public Officials

- Actively protecting your constituents against major health threats.
- Producing measurable, life-saving accomplishments with long-term savings.

Partners

- Keeping you safe and healthy.
- Working with you to protect people's health and safety at home and abroad.

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CREDIBLE INFORMATION

Feel of Theme

- Practical
- Reassuring
- Solid
- Scientific
- Smart
- Reliable
- Trustworthy

Images

- Scientists
- World-renowned experts
- Online information resource

Sample Wording for Each Audience

The following statements illustrate how you can convey to key audiences the theme of CDC's providing credible information to make better health decisions. Notice how these statements convey the feel and images listed above.

Multiple Audiences

- Providing health information people can count on.
- The information source for better health.
- Reliable information for a safer, healthier world.
- Sound advice for better health decisions.

General Public

- Putting information to work for a safer and healthier tomorrow.
- Sound advice for better health decisions.
- Your trusted health information source.

Media

- A reliable and credible information resource.
- Responsive, up-to-date information.
- Health information you can count on, from world-renowned experts.
- Objective, science-based information and recommendations.

Public Officials

- Sound, practical advice for effective public health policy decisions.
- Objective, science-based recommendations.

Partners

- Health information you can count on.
- Putting information to work for healthier communities.
- Reliable information for a safer, healthier world.

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PARTNERSHIPS

Feel of theme

- Prevention-oriented
- Collaborative
- Dedicated
- Diverse

Images

- In the community
- Resources
- Teams
- Diversity

Sample Wording for Each Audience

The following statements illustrate how you can convey to key audiences the theme of CDC promoting health by working through partners. Notice how these statements convey the feel and images listed above.

Multiple Audiences

- Improving health through strong partnerships.
- Putting science to work for your community's health.
- Working with partners (or as a team) to protect your health.
- Your partner in community health and prevention.

General Public

- Working with community organizations you trust for better health.
- Putting science to work for better health in your community.

Media

- Working with partners to bring national programs to communities nationwide.
- Putting science to work for better health in your community.

Public Officials

- Putting science to work in local communities nationwide.
- Bringing taxpayer dollars back to your communities for better health.
- Improving health in communities by providing proven programs and expertise to local organizations.
- Leveraging resources through partnerships at local, state, and national levels.

Partners

- Providing you with resources and expertise to keep our communities healthy.
- Your partner for better health.

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STANDARD DESCRIPTION

The following text encapsulates the three identity themes. It should be inserted at the end of every press release and into any other materials as appropriate, including fact sheets and backgrounders, reports and web sites.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

For additional resources, please use the links below:

Scientific and Technical Information Simply Put

<http://www.cdc.gov/od/oc/simpput.pdf>

Guidelines For Using Plain Language

<http://www1.od.nih.gov/execsec/plainlanguage.htm>

<http://www.plainlanguage.gov>

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WORDING AND SAMPLES

This guide provides examples of statements that express the CDC identity themes to the general public, media, public officials, and partners, primarily to spark ideas for incorporating these themes into your communication products. These statements were among a large number tested with the general public, partners, and employees. Those tests revealed that these statements effectively convey CDC's identity in credible and motivating ways. (See the Audience Research section in the Introduction for a summary.)

As described earlier, although the core of CDC is always the same, each audience may find different aspects of CDC's work more relevant to them. This means that in addition to describing the overall personality (i.e., action-oriented) and core of CDC, you also may choose to emphasize a particular theme in your writing. In the Sample Statements section is a table with examples for each identity theme and target audience. When you are developing materials or programs for multiple audiences, try to balance all three themes and use the statements under the "Multiple Audiences" heading as a guide.

Tailoring your messages about CDC and its work is a two-part process: first, choose the theme (or themes) that best describes the topic and relates to your audience; then, select the appropriate wording to describe the theme you chose based on your audience's preferences.

- For additional statements and a more detailed look at each identity theme, refer to the [Identity Themes](#) section.
- For a more global look at the themes and concepts that resonate with each audience, refer to the [A Tool for Writers](#) section.
- For examples of CDC communication products that have incorporated the identity themes, refer to the [Press Release](#), and [CFO Report](#) sections.

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SAMPLE STATEMENTS

The following table provides sample statements that tested well for each audience.

Audience	Protection	Credible Information	Partnerships
Multiple Audiences	Protecting people's health and safety.	Providing health information people can count on.	Improving health through strong partnerships.
General Public	We don't wait for an outbreak before we start working with your community.	Putting information to work for a safer and healthier tomorrow.	Working with community organizations you trust for better health.
Media	CDC tackles tough health problems everyday.	A reliable, science-based information resource.	Working with partners to bring national programs to communities nationwide.
Public Officials	Actively protects your constituents against major health threats.	Sound, practical advice for effective public health policy decisions.	Putting science to work in local communities nationwide.
Partners	Working with you to protect people's health and safety at home and abroad.	Your trusted health information source.	Providing you with resources and expertise to keep our communities healthy.

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A TOOL FOR WRITERS

Target Audience	Protection Protecting people's health and safety	Credible Information Providing health information people can count on	Partnerships Improving health through strong partnerships
All Audiences	Action-oriented Responsive In the field	Scientific Reliable Practical World-renowned experts	Collaborative Dedicated In the community Prevention-oriented
General Public	Action-oriented Courageous Guardian In the field	Reassuring Smart Reliable	In the community Dedicated Diverse
Media	Action-oriented Responsive Detective	Scientific Reliable World-renowned experts	In the community Dedicated Prevention-oriented
Public Officials	Action-oriented Responsive "Can do" In the field Detective	Practical Trustworthy Reliable Scientific World-renowned experts	In the community Resources Prevention-oriented Diverse Dedicated
Partners	Action-oriented Responsive Sleeves rolled up In the field	Practical Reliable Solid World-renowned experts	Collaborative Resources Teams Diverse



Highlighted sections are the themes that are most relevant for each audience.

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PRESS RELEASE

The following is an example of press release text that uses identity language-it is not a graphic design example.

For Immediate Release

Contact:

December 15, 2000

CDC Media Relations

(404) 639-3286

CDC Inaugurates High-Tech Lab: New State-of-the-Art Facility for Studying HIV, Flu and Polio

The Centers for Disease Control and Prevention (CDC) will celebrate the opening of its new state-of-the-art research facility, the Edward R. Roybal Laboratory Building, on December 18. The first phase of the building was occupied in October just as CDC officially launched its \$1 billion, ten-year construction plan that will permit the agency to meet the challenges of actively protecting the Nation's health and safety in the 21st century. Congressional Representatives John Lewis and Mac Collins, and CDC Director Jeffrey P. Koplan, MD, MPH, are among the speakers at the ribbon-cutting ceremony at the Roybal Campus on Clifton Road.

Many of the disease-causing agents studied in the new laboratory are highly contagious microorganisms or cause devastating diseases, such as influenza, rabies, tuberculosis and HIV. Less common microbes such as polio, anthrax and meningitis are studied there as well. The Roybal Laboratory Building is a secure facility that protects the scientists and the environment. The laboratories are designed as bio-safety level (BSL)-2, BSL-3 and enhanced BSL-3. Each level provides the appropriate degree of containment depending on the characteristics of the microorganism under investigation.

The Roybal Laboratory has two parts. Phase I contains 100,000 square feet of laboratory and office space, which can house a maximum of 240 scientists. Phase II is scheduled for completion in the summer of 2001, adding another 50,000 square feet to house an additional 144 scientists.

"As we celebrate the opening of the Roybal Infectious Disease Building, we must realize that we are just beginning a decade-long process to provide our first rate employees with the first rate tools they need to protect people's health and safety," says Koplan. "We at CDC are grateful for the support from the Atlanta business community, the Georgia delegation and Congress that has made it possible to build these facilities necessary to meet the Nation's public health demands."

The ten-year construction and renovation plan, which has yet to be fully funded, will address overcrowding and antiquated facilities at CDC's two Atlanta-based campuses and reduce the need to rent office space. The two campuses are the Roybal Campus at 1600 Clifton Road in Atlanta and the Chamblee Campus at 4770 Buford Highway. All projects should be underway by 2009, but many will be completed before then. The entire plan is scheduled for completion by 2012.

With each new public health emergency comes an additional burden on the nation's capacity to respond. A bioterrorism crisis, a global flu pandemic, a large scale environmental threat to people's health, or a new unforeseen public health danger would present a challenge for which CDC needs to be prepared. The 1997 outbreak of H5N1 influenza in Hong Kong required CDC to temporarily halt research on some diseases in order to create laboratory space for flu research.

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Currently, many CDC staff work in crowded conditions. Some staff are working in spaces that were converted from bathrooms and closets. At the Chamblee campus, some scientists are working in buildings that were meant to be temporary World War II facilities that are now 60 years old.

"CDC is charged with protecting the Nation from the toughest health concerns that face us today: infectious diseases such as E. Coli, chronic diseases such as heart disease—the leading killer of Americans—and tobacco use, to name a few," says Koplan. "To meet this challenge, we must have adequate space and equipment to do that. The investment is certainly a good one given that CDC research and programs have saved the Nation billions of dollars in health care costs in addition to enabling people to live longer and healthier lives."

The laboratory was named after Congressman Edward R. Roybal who served in Congress from 1963 to 1992 and was founder and President of the Congressional Hispanic Caucus. During his tenure, he served as an outstanding public health leader, responsible for securing funding for every new CDC building in the last decade, including the new Edward R. Roybal Laboratory Building. Mr. Roybal's own career began as a public health educator with the California Tuberculosis Association and later as Director of Health Education for the Los Angeles County TB and Health Association. As a member of Congress, Mr. Roybal not only secured funding for needed laboratories and facilities but also for research, including CDC's first funding for AIDS research and programs in 1982.

Currently, Mr. Roybal is serving as a consultant to the Institute for Applied Gerontology which bears his name at California State University, Los Angeles. He is also President of the Edward R. Roybal Foundation which is dedicated to providing scholarships to deserving students to attend college. His son, Edward R. Roybal, Jr., will represent him at the ribbon-cutting ceremony.

The Centers for Disease Control and Prevention protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

Note to media: The ceremony will be from 2 p.m.-3 p.m., followed by tours and a reception. Guests should drive on Clifton Road to Houston Mill Road, turn south and follow signs to the parking deck toward the back of the CDC campus.

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CFO REPORT

The following is an excerpt from the 2001 Chief Financial Officer's Report. It contains several examples of good identity language.

Overview of CDC/ATSDR

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) are two of the 12 major operating components of the Department of Health and Human Services (DHHS), which is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those persons who are least able to help themselves.

CDC, which was founded in 1946, has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health are threats for more than 50 years. Although CDC is a leading institution for conducting research and investigations, CDC's action-oriented approach of applying its research and finding to make people safer and healthier sets it apart from its peer agencies. Consequently, CDC is recognized as the lead federal agency for

- Protecting people's health and safety
- Providing reliable health information for the public
- Improving health through strong partnerships

ATSDR was established in 1980 by the Comprehensive Environmental Response, Compensation, and Liability Act, also known as Superfund. ATSDR works to prevent exposures to hazardous wastes and to environmental spills of hazardous substances. The agency has 10 regional offices and an office in Washington, D.C., and a multi-disciplinary staff of about 400 persons, including epidemiologists, physicians, toxicologists, engineers, public health educators, health communication specialists, and support staff.

Although the agencies have independent visions and mission statements, both strive to protect and improve the health of the American public. The Director of CDC also serves as the Administrator of ATSDR.

This document contains information about CDC's and ATSDR's principal financial statements for fiscal year 2000, including a consolidating balance sheet, a statement of net cost, a statement of changes in net position, a statement of budgetary resources, and a statement of financing. It also serves as a guide to selected program activities and accomplishments that demonstrate the breadth of these two agencies' work during 2000.

Working Together for America's Health

Protecting the Health and Safety of Americans

Serious threats to our nation's health come from many sources: diseases, viruses, organisms, injuries, behaviors, and emerging risks. Meeting these complex health problems head-on requires CDC to be both nimble and flexible, that is to possess the ability to adapt resources and balance priorities as needed, to employ diverse tactics, and to forge effective partnerships.

Dramatic gains in life expectancy have resulted largely from improvements in sanitation and the prevention of diseases through vaccines. Consider that a century ago pneumonia and tuberculosis were the two leading causes of death in the United States. Then in the 1940s, a critical focus of our nation's health priorities was the control of malaria among

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military personnel during WWII. From these programs came the genesis of the Centers for Disease Control and Prevention, and since that time CDC has been at the forefront of our nation's efforts to improve the health and well-being of Americans.

As a new century begins, many of CDC's resources are dedicated toward solving complex, cross-cutting health problems that require a broad array of skills, abilities, and experience.

For example, since the 1960s and 1970s, population-based programs have helped to produce more recent reductions in tobacco use, increases in blood pressure control, healthier diets, increased use of seat belts, and effective injury control. Those improvements and others in turn have contributed to declines in deaths from stroke and heart disease and to declines in the overall death rates for children. Yet, despite those successes, heart diseases and cancer have remained the leading causes of death through the latter part of the 20th century.

Today, CDC and its partners confront challenging, complex issues that reinforce, reshape, and expand the traditional roles of public health agencies. Responding to those challenges involves such activities as:


- Investigating disease outbreaks in the United States and around the world;
- Probing the realms of viruses, bacteria, and parasites in seeking ways to control both emerging and reemerging pathogens;
- Protecting the food and water supply from both inadvertent and deliberate contamination;
- Curbing the toll of death and disability from preventable injuries;
- Stemming the epidemic of obesity in the United States;
- Convincing the public that altering certain behaviors will yield long-term health dividends;
- Educating our young people about the risks of HIV, unintended pregnancy, tobacco use, physical inactivity, and poor nutrition;
- Translating biomedical research findings into practice in communities;
- Eliminating disparities in the health of all Americans.

Providing Credible Information to Enhance Health Decisions

Providing Credible Information to Enhance Health Decisions Members of the public and health practitioners at all levels require up-to-date, credible information about health and safety in order to make rational decisions. To help support this crucial decision making, CDC has continued to increase and apply its preeminent expertise in the disciplines of public health surveillance, epidemiology, statistical analysis, laboratory investigation and analysis, health communication and social marketing, behavioral risk reduction, technology transfer, and prevention research. CDC applies the science that underpins those disciplines to develop and disseminate credible and practical health information to meet the diverse needs of its primary clients, the people of the United States. Such information affects the health and well-being of people across all stages of life by making our food supply safer, identifying harmful behaviors, and improving our environment.

- CDC/ATSDR makes this crucial health information available through many channels, including books, periodicals, and monographs; internet Web sites; health and safety guidelines; reports from investigations and emergency responses; public health monitoring and statistics; travel advisories; and answers to public inquiries.
- In addition to serving the public, CDC delivers health information that enables health providers to make critical decisions. For instance, the practicing medical and dental communities and the nation's health care providers are target audiences for numerous official CDC recommendations concerning the diagnosis and treatment of disease, immunization schedules, infection control, and clinical prevention practices. CDC offers technical assistance and training to health professionals as well.
- CDC and ATSDR are positioned in vanguard of efforts to spread the word about having children wearing bicycle helmets, teaching young women about preventing birth defects by taking folic acid, quitting smoking, eating sensibly

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and exercising regularly, making sure children are vaccinated, alerting the public to environmental hazards, and numerous other public health messages that either need to be heard for the first time or to be reinforced.

Promoting Health Through Strong Partnerships

CDC has developed and sustained many vital partnerships with public and private entities that improve service to the American people. CDC's partners in conducting effective prevention and control activities include:

- Public health associations;
- State and local public health agencies;
- Practicing health professionals, including physicians, dentists, nurses, and veterinarians;
- Schools and universities;
- Communities of faith;
- Community, professional, philanthropic, and voluntary organizations;
- Business, labor, and industry;
- The CDC Foundation and other foundations;
- International health organizations; state and local departments of education.

CDC's partners implement most of the agency's extramural programs, many of which are tailored to local and community needs. In addition, these myriad partners contribute by serving as consultants to CDC program staff, by sitting on advisory bodies at CDC, and by attending CDC-sponsored seminars and conferences. The wide-ranging perspectives CDC's partners bring to our common interests and goals serve to generate new opportunities for collaborations, help shape key strategies, and provide another means for staying focused on the needs of the American public. Sustaining these partnerships involves a great deal of coordination and communication.

In 2000 about 71% of CDC's budget (\$3.07 billion), provided through extramural grants, cooperative agreements, and program contracts, was spent on public health work performed by CDC's partners. Most of those funds were provided to state and local health departments as grants and cooperative agreements to support public health programs aimed at disease prevention and control. In addition, CDC funds extramural research through such programs as the Prevention Research Center Program, which supports a prevention research agenda at 23 schools of public health throughout the country.

During the past half century, CDC has constantly evolved and innovated to face new health challenges. It is this constant renewal that enables the agency to continue providing quality service and reliable information to the American public.

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WORDS TO AVOID

Audience research indicated that several words we frequently use are misunderstood by the general public. As a general rule, when writing for the general public, avoid jargon and keep your document easy-to-read. For example:

AVOID USING:

Disease surveillance

Comprehensive prevention programs

Population-based programs

INSTEAD SAY:

Disease tracking OR Disease Monitoring

Public education campaigns OR Community-based programs

Community-based programs

For more guidelines on writing effectively for the public, please refer to "Scientific and Technical Information Simply Put" at www.cdc.gov/od/oc/simpput.pdf

The term epidemiology is sometimes considered to be jargon and not a useful word when writing for the general public. However, audience research showed that many audiences associate the term with the work of CDC. When writing for low-literacy populations, it may be more descriptive to use "disease detectives" in place of epidemiologist.

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PROTECTION/PREVENTION

Which term—prevention or protection—is more meaningful to the general public? Focus groups with the general public tested four concepts: prevention, public health, promotion, and protection. When asked what each of the concepts meant to them, focus group participants found prevention (when presented alone) to be too abstract and not as meaningful or relevant to them; public health had negative associations; and promotion related to advertising. Protection, on the other hand, was a highly-valued, concrete term.

These findings were also confirmed when focus group participants were asked to consider the name “The Nation’s Prevention Agency” for CDC. Participants found the name unclear and asked, “preventing what?” They felt the word prevention was too vague and could be applied to anything, including preventing crime, forest fires, and cruelty to animals. They understood the term prevention when presented in a health-related context and associated it with individual behaviors that prevent disease; only when prompted, did they associate the term with preventing injury or disability.

What the public does associate CDC with, however, is protection. During message testing, the general public favored statements that talked about CDC protecting their health and safety. The concept of protection resonates with what the public currently knows about CDC. But audiences seemed to perceive that protection involves both collective and individual behaviors—an aspect of almost all of CDC’s community-based programs. By using a term that the public is familiar with and already attributes to CDC, we are able to communicate in ways that are relevant and credible to them. At the same time, we can broaden the definition of protection to help them become more aware of the full scope of CDC’s mission.

The bottom line, then, is understanding your target audience and how best to communicate with them about CDC. Although focus group research has shown that the general public has vague and somewhat negative perceptions of prevention, public health, and promotion, other audiences, such as public health professionals, have a better understanding of these terms, and you will often find it appropriate to use them in messages intended for health professionals.

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Two things are important to include in our communication about CDC: the **personality** of the agency and the benefits of our work.

CDC's personality is action-oriented.

This action-orientation translates into **three identity themes**:

- Protection: Protecting people's health and safety.
- Credible Information: Providing health information people can count on.
- Partnerships: Improving health through strong partnerships.

The ultimate benefits of CDC's work are **safer, healthier people**. Describing CDC's work using this language is an important way to reinforce the agency's identity consistently across all program areas and audiences.

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INTRODUCTION

There's no doubt about it—CDC communicates with a variety of audiences on a number of diverse topics using many different formats and channels from reports, fact sheets, brochures, and newsletters to PowerPoint presentations, web sites, and broadcasts. Each of these communication materials spotlights different aspects of CDC's work, and yet they can also portray CDC consistently and effectively—strengthening our credibility and reputation among our target audiences. From our work on controlling infectious disease outbreaks to preventing heart disease, domestic violence, and injury to reducing environmental threats and on-the-job injuries, one thing remains true—CDC is about making people safer and healthier.

Two things are important to include across all of our communication products: the personality of CDC and the benefits of our work. Members of the general public, public health partners, and CDC employees consistently described CDC's personality as action-oriented. This action-orientation translates into three key areas of CDC's work (also referred to as identity themes):

- Protecting people's health and safety.
- Providing health information people can count on.
- Improving health through strong partnerships.

The ultimate benefit of CDC's work is safer, healthier people.

Consistently describing the personality of CDC and the positive outcomes of our work is an important way to reinforce our identity across all programs and audiences. To make an impact, however, requires following a set of graphic standards that reinforces who we are and what we do. The new graphic standards outline the use of the graphic building blocks: the new logo, tagline and additional complementary design elements that support CDC's overall identity.

This guide was developed to give you an overview of how to apply the new design elements to your products and materials. It has been developed for use as a tool to inspire your creativity. The building blocks covered include:

- Logo
- Tagline
- Program Descriptors
- Wrap
- Color Palette
- Images
- Typography

A number of CIOs have already begun incorporating the elements. To show you the many ways CDC's identity can be conveyed, we have also included templates and samples for a variety of print and electronic materials as well as web guidelines.

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THE CDC LOGO

The CDC logo is one of the key building blocks of the CDC identity. This section will provide guidance for applying CDC's logo design elements to your products and materials. Elements include logo style, placement, program logos, treatment, color, sizing and proportions and incorrect logo usage.

Please use the navigation bar to the left to find out more about the CDC logo.

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STYLE

Our materials must uphold the integrity and clarity of the logo. Our new logo is symbolic of our vision of the future and the heritage of our past. The timeless "CDC blue" and bold lettering speak to where we have been; the rays of light reaching outward symbolize where we are going. We want people to see the CDC logo and automatically remember that the work we do every day is grounded in our promise to protect their health and safety.

The flexibility provided with the choice between a gradation or solid background is meant to help you select the design option that best fits your production restrictions. If production restrictions will not produce a clear, high quality gradation logo, use the appropriate solid background, either PANTONE MATCHING SYSTEM® (PMS) 286 Blue or black. See the Logo Color section for more detail on using the gradation and solid logos.

Gradation



- The gradation can only be produced from true PMS 286 Blue-do not build it from CMYK or RGB colors (see the Color Palette section in the Graphic Building Blocks section for more detail on color processes).
- The rays always appear PMS Cool Gray 5 or a 30% screen of black in the gradation logo treatment.
- CDC always appears white in the gradation logo treatment.
- The gradation logo must never be used any smaller than 11/2 inches wide.
- To hold a smooth gradation, you must use a high-resolution logo and have a minimum of either 133 line-screen or between 600-1200 dpi.
- Do not use the gradation for electronic (i.e. web or PowerPoint) or broadcast applications.

Solid Blue Logo



- The rays always appear white in the solid blue logo.
- CDC always appears white in the solid blue logo.
- The blue background can be produced from PMS 286 Blue, or the appropriate CMYK or RGB process build (see the Color Palette section in the Graphic Building Blocks section for more detail on color processes).
- For professional and desktop printing, use a high-resolution solid logo. Consult the Sizing and Proportion section for more details on vector and raster file and software formats.
- For electronic applications (i.e. web or PowerPoint), use the solid logo with the correct resolution to fit your application.

Solid Black Logo



- The rays always appear white in the solid black logo.
- CDC always appears white in the solid black logo.
- For professional and desktop printing, use a high-resolution solid logo. Consult the Sizing and Proportion section for more details on vector and raster file and software formats.
- This logo is best for one-color print jobs or when printing on a black/white desktop or laser printer.

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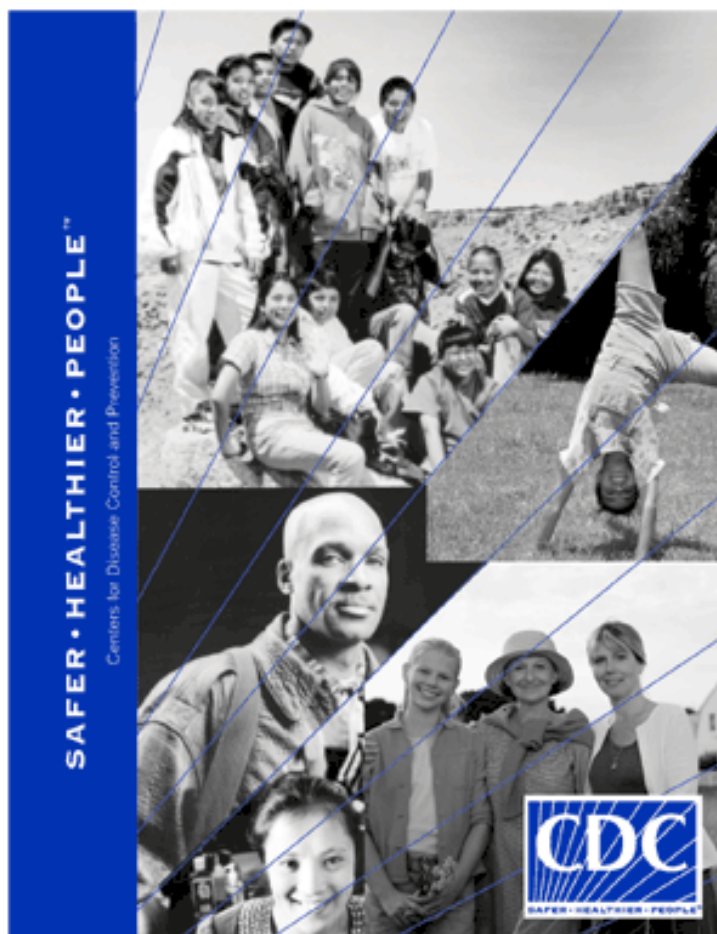
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PLACEMENT

CDC is committed, independently and through alliances, to protecting people's health and safety. People rely on the credibility of our information. On reports and other communication materials, the CDC logo signifies the quality and reliability of the content. Therefore, the logo should be consistently placed in a prominent area on all external communication products.

CDC Logo Placement

- The CDC logo must be placed in a more dominant position relative to other graphic elements, including the tagline, agency name or program descriptor. For help determining logo placement on partnership products, see the FAQ section in the Help section, check with the Partnership Coordinator or Brand Coordinator in your CIO for guidance.
- There should always be clear space left around the CDC logo and complementary building blocks to prevent any nearby text, illustrations, imagery or other graphics from interfering with or diluting the integrity of the logo.
- If there is not enough contrast to hold both legible type and distinction of the logo treatment, you can create a white box around it like the treatment on the About CDC brochure (shown below) or the NIP concept (shown below).



Create a white box around the logo and tagline so that PMS 286 Blue or black type can be used, as shown on the cover of "About CDC."

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If the logo and program descriptor appear to fade into the background, you can create separate white outlines around each element, like the logo treatment on this NIP report cover concept.

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TREATMENT

Teaming the Logo and Complementary Design Elements

The new look of CDC is a combination of design elements, each developed to reinforce the key aspects of CDC's identity:

- Action-orientation.
- Protect people's health and safety.
- Provide credible health information people can count on.
- Improve health through strong partnerships.

The foundation of CDC's new look is the logo. Tied with the other design elements, it emphasizes the nature of CDC's work to various audiences. This section will review how to couple the logo and design elements to achieve the best effect. When designing your products, bear in mind:

- One of the logo treatments must be included on all external CDC products and communication materials.
- Do not combine logo treatments-the logo should only be used with one of the pairings modeled below.
- These treatments can also be applied to the gradation and solid black logo styles (see the Logo Style section for more detail on logo background options).

Base your decision on the message you are communicating or the audience you are addressing with your product.

Basic Logo



- Use this option if production restrictions make it difficult to use one of the other treatments of the logo.
- If you use the basic logo treatment, incorporate the tagline as an independent design element elsewhere in your product.

Logo with Tagline



- The tagline should be included within your document. If you do not use it with the logo, incorporate the tagline as an independent design element elsewhere in your product.

Logo with Agency Name



- Tying the agency name to the logo is an option for including Centers for Disease Control and Prevention in your product.
- It is not necessary to spell out CDC's name on the cover of communication materials. But, CDC's name should be spelled out on an inside attribution page or another appropriate location.
- If you use the logo with agency name treatment, incorporate the tagline as an independent design element elsewhere in your product.

Logo with Program Descriptor



- Program descriptors are terms chosen by each CIO that describe their program areas and relate their work back to the overall agency. Use program descriptors in place of the CIO name to give your audience a clear idea of your work content and how it relates to CDC (see the [Program Descriptors](#) section in the Graphic Building Blocks section for guidelines on how you must use this design element). To be sure you are using approved program descriptors, please contact the Brand Coordinator in your CIO.
- If you use the logo with program descriptor treatment, try to incorporate the tagline as an independent design element elsewhere in your product.

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Program Descriptors:

Adult Immunization
Arthritis
Best Practices
Bioterrorism
Blood Safety
Cancer
Chronic Disease Prevention
Community Health
Diabetes
Drug-Resistant Infections
Emerging Infectious Diseases
Environmental Health
Environmental Health Laboratory
Environmental Health Science
Environmental Health Services
Epidemiology/Epidemic Response
Food Safety
Global AIDS Prevention
Global Health
Global Immunization
Global Partnership
Health Care Statistics
Health Monitoring
Health Statistics
Healthy Aging
Healthy Youth
Heart Disease & Stroke
HIV Prevention
Immunization
Infectious Disease Prevention6. Blood Safety
Infectious Disease Research
Infectious Disease Training
Injury Prevention
Laboratory Quality
Laboratory Safety
Minority Health
Nutrition
Obesity
Oral Health
Partnerships
Patient Safety
Physical Activity
Prevention Guidelines
Prevention Research
Public Health Genetics
Public Health improvement
Public Health Informatics
Public Health Law
Public Health Practice
Public Health Surveillance/Disease Tracking
Public Health Training
Reproductive Health
Safe Motherhood
Statistical Sciences
STD Prevention
TB Elimination
Tobacco
Urban Research
Women's Health
Workplace Health and Safety

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Vertical Logo Treatments



- The Office of Communication must approve vertical logo treatment. Once you have received clearance, the Office of Communication will supply you with the correct electronic file.
- As shown in the examples of this treatment, a solid bar must run through the center of the CDC logo. Make sure the bar is the same color as the logo box.
- See the [Product Samples](#) and [Product Templates](#) sections for examples of this treatment.

Production Restrictions

- Use the basic logo treatment if production restrictions will compromise the legibility of a corresponding tagline, agency name or program descriptor.
- At times, a white bar may appear behind the tagline or agency name when you open a logo file with either of these elements attached (see Vector-Raster Relationship in the Sizing and Proportion section for more details). To avoid this problem, select treatment file and build the tagline or agency name following the specifications listed under the [Typography](#) section and Proportion Guidelines in the Sizing and Proportion section.
- If the logo file you are using does not have the trademark symbol TM , you are required to place it in the appropriate location (see the Logo Trademark section for placement information).

Logo Sources

- When creating your document, always use electronic or camera-ready artwork. Never use a laser print, photocopy or facsimile copy as your original source for the logo. Production quality artwork is available in the Resources section of this Identity Management System.

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At times, cost or production restrictions will impact how you use the logo. The logo has been designed with options that anticipate the production decisions you may face. For communication materials, the logo should always be printed on a white background—either white paper or a foundation of opaque white if you are starting with a colored material (especially on premium items). This will ensure that the CDC letters appear white and the rays and background treatment hold their appropriate colors.

One-Color Logo



PMS 286 Blue solid logo



Black solid logo

- One-color logos must be produced with a solid background in either PMS 286 Blue or 100% black.
- CDC letters and rays must appear in white. This can be achieved by either of the following production options:
 - (1) Reversing CDC and rays out of your background when using a white surface.
 - (2) Laying down opaque white behind the logo when printing on a colored surface. This is common when screen-printing premium items, but is not recommended for professional offset printing.
- The rays must appear in gray when using the gradation logo.
- For more detail, see the Logo Style section.

Two-Color Gradation Logo



(Preferred)
PMS 286 Blue gradation logo
with PMS Cool Gray 5 rays



PMS 286 Blue gradation logo
with 30% screen of black rays

- Two-color logos must be produced with a PMS 286 Blue gradation background. No other PMS colors, including black, may be used for this logo background.
- CDC letters must appear in white. This can be achieved by either of the following

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production options:

(1) Reverse CDC out of your background when using a white surface.

(2) Laying down opaque white behind the logo when printing on a colored surface. This is common when screen-printing premium items, but is not recommended for professional offset printing.

- The rays must appear in gray when using the gradation logo.
- For more detail, see the Logo Style section.

Process Builds of Logo

The PMS 286 Blue solid logo is the only logo that should be built from process color. CMYK and RGB color processes have difficulty producing a smooth gradation, therefore, we do not recommend using process color for the gradation logo (see the [Color Palette](#) section in the Graphic Building Blocks section for more detail on color processes).

CMYK Formula

Cyan 100%
Magenta 66%
Yellow 0%
Black 2%

RGB Formula

Red 11
Green 61
Blue 145

Logo Treatments



- When the tagline or agency name is paired with the blue logo, they must appear in PMS 286 Blue or white.



- When the tagline or agency name is paired with the black logo, they must appear in black.



- When the program descriptor is paired with the logo, the program descriptor text should be reversed to white in its colored box.

Complementary Color Palette

A palette of complementary colors has been developed for use in conjunction with PMS 286 Blue. Just as PMS 286 Blue has been positioned to represent CDC as a whole to our target audiences, we plan to use these colors to create a greater recognition of CDC's work. Each CIO is encouraged to select a "signature color" from the palette for use with their materials and program descriptors (see the Program Descriptors section in the Graphic Building Blocks section for more details). However, CIOs are free to use more than one color from the palette for programs that are not tightly linked to the main organizational unit. For example, Chronic Disease and Reproductive Health may choose to have two different colors although they are organizationally located in the same center. The Office of the Director in your CIO will make final decisions about signature colors and/or color schemes for each CIO. Contact the Associate Director of Communication or the Brand Coordinator in your CIO for final color selections.

Color samples and conversion information from PMS to RGB, websafe, and CMYK (four-color process) are located in the [Color Palette](#) section in the Graphic Building Blocks section.

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SIZING AND PROPORTION

One Size Does Not Fit All

Always maintain the integrity of the logo and clarity of the typography used in the complementary graphic building blocks. It is important that the CDC logo always be sized large enough to remain legible.

The Vector-Raster Relationship (Software Formats)

Before you import a logo into your layout from the CD, take a moment to verify whether your software program operates on a vector or raster format. It is important to use the appropriate file format for your particular software application. Use caution when opening a vector-based .eps file in a raster-based program, like PowerPoint, because the file will be converted to a raster image and you will lose re-sizing capabilities. Consult the listing below to determine which format you are working with. Call MASO with any technical questions at 404-498-0113.

Software Program	Vector-based	Raster-based
Illustrator	★	
Freehand	★	
PageMaker	★	
CorelDraw	★	
Photoshop		★
PowerPoint		★
PC Paintbrush		★

Artwork File Formats

It is also key to choose the appropriate file format, like .eps or .ai. File resolution plays a significant role in the quality of products created with raster-based art. If your system can support it, always select high-resolution files. High-resolution files **must** be used for professional and desktop printing. **Low-resolution files are acceptable for electronic applications, like web or PowerPoint presentations.** Files available in the Resources section are listed below for your reference. Call MASO at 404-498-0113 with any questions, you need file formats not available on this site.

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File Type	Vector-based	Raster-based
JPEG or .jpg		★
.eps	★	
.ai	★	
.cgm	★	
.wmf	★	
.tif		★
.cdr	★	

Sizing Vector and Raster Files

Art files in the Resources section have been built in a variety of sizes, anticipating your needs. Choose the file that comes closest to meeting your design needs. When in doubt, select the artwork that is slightly larger than you might need—scaling down is a better option than scaling up.

- Vector art can be sized up or down and will maintain clarity.
- Raster art can only be sized down. Raster files, regardless of resolution, lose definition when sized up.

Proportion Guidelines for Logo with Tagline

The logo and tagline should always match the proportions shown on the diagram below:



- The width of the tagline should be the same as the width of the logo (A).
- The height of the entire logo and tagline combined (B) should always be 69% of the width (A).
- The height of the logo without the tagline (C), should be 60% of the width of the logo (A).

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- The height of the CDC letters (D), should always be 33% of the width of the logo (A).
- If using the gradation logo, the gradation starts at the bottom left with a 30% screen of PMS 286 Blue and graduates at a 60 degree angle to 100% PMS 286 Blue in the top right corner of the logo.

Size Recommendations

- The basic treatment of the solid logo style looks best when used at $\frac{3}{4}$ inch wide or larger. As the logo gets smaller, the rays start to lose definition and the logo loses clarity.
- The gradation logo must never be used any smaller than $1\frac{1}{2}$ inches wide.
- When using the tagline treatment with either logo style, the width should be no smaller than $1\frac{1}{2}$ inches. Smaller sizes will affect the legibility of the tagline, especially at a lower resolution.

Proportion Guidelines for Logo with Agency Name

The logo and agency name should always match the proportions shown on the diagram below:



- The width of the agency name should be the same as the width of the logo (A).
- The height of the entire logo and agency name combined (B) should always be 73% of the width (A).
- The top of the agency name should be (D) 63.5% of the width (A) below the top of the logo. The second line of the agency name should begin (E) 72% of the width (A) below the top of the logo.
- The height of the logo without the agency name (C) should be 60% of the width of the logo (A).

Size Recommendations

- The basic treatment of the solid logo style looks best when used at $\frac{3}{4}$ inch wide or larger. As the logo gets smaller, the rays start to lose definition and the logo loses clarity.
- The gradation logo must never be used any smaller than $1\frac{1}{2}$ inches wide.
- When using the agency name treatment with either logo style, the width should

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be no smaller than 1½ inches. Smaller sizes will affect the legibility of the agency name, especially at a lower resolution.

Proportion Guidelines for Logo with Program Descriptor

The logo and program descriptor should always match the proportions shown on the diagram below:



- The width of the CDC program descriptor should be the same as the width of the logo (A).
- The height of the entire logo and program descriptor combined (B) should always be 81% of the width (A).
- The top of the program descriptor should be (D) 64.5% of the width (A) below the top of the logo.
- The height of the logo without the program descriptor (C) should be 60% of the width of the logo (A).

NOTE: If your program descriptor requires two boxes, the space between the two boxes must equal 50% of the space between the logo and the upper descriptor box (see the Environmental Health example in the [Typography](#) section in the Graphic Building Blocks section).

Size Recommendations

- The basic treatment of the solid logo style looks best when used at ¾ inch wide or larger. As the logo gets smaller, the rays start to lose definition and the logo loses clarity.
- The gradation logo must never be used any smaller than 1½ inches wide.
- When using the program descriptor treatment with either logo style, the width should be no smaller than 1 inch.

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INCORRECT USE

Our new logo, paired with the tagline, agency name or program descriptors, can be used in a number of ways, depending on the type and size of the project. The nature of the communication, as well as reproduction specifications and limitations must also be taken into account. In all instances, the integrity and clarity of these graphic building blocks must be carefully protected.

WARNING: The following treatments of the logo are prohibited.



Do not use any color other than PMS 286 Blue or black for the background of the logo.



Do not use any color other than white, gray or screened black for the rays of the logo.



SAFER • HEALTHIER • PEOPLE™

Do not use any color other than PMS 286 Blue, white or black for the tagline or agency name.



SAFER • HEALTHIER • PEOPLE™

Do not invert the logo colors.



SAFER • HEALTHIER • PEOPLE™

Do not skew the proportions of the logo.



Do not isolate the CDC letters to make a separate logo or mark.



SAFER • HEALTHIER • PEOPLE

Do not change or distort the logo or tagline typefaces.



**CENTERS FOR DISEASE
CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE™**

Do not combine graphic elements from various logo treatments.



Do not place a drop shadow behind the logo.



Do not use any color other than PMS 286 Blue in the gradation logo.



Do not put the (TM) inside the logo.

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THE TRADEMARK

The trademark symbol TM **must** appear on all logo treatments. The TM symbol protects the agency if the CDC name and logo are used without consent.



- The trademark symbol TM should **only** appear in a sans serif typeface, like Helvetica or Arial, no taller than half the letter height.
- The trademark symbol TM always appears in either PMS 286 Blue, black or white.
- If the basic logo or program descriptor treatments are used, the trademark symbol TM should be placed on the right side, flush with the bottom of the logo, without touching.
- If the tagline or agency name appears with the logo, the trademark symbol TM should be placed next to the tagline or agency name.

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GRAPHIC BUILDING BLOCKS

This section will assist you in applying the CDC design elements to your products and materials. The Graphic Building Blocks include the tagline, program descriptors, typography, wrap, color palette, and images.

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THE TAGLINE

The new [tagline](#) is an integral part of the new CDC look. It quickly telegraphs the focus and beneficiaries of our work: safer, healthier people.

Earlier sections have shown how to use the tagline as a treatment of the logo. However, the tagline can also be used as a stand-alone design element to reinforce the overarching focus of the product and CDC's mission. Use the guidelines that follow to ensure the integrity and legibility of the tagline in your designs.

SAFER • HEALTHIER • PEOPLE™

Color

- The tagline should always appear in PMS 286 Blue, white or black.

Typography

- The tagline typeface is Copperplate 33 BC.
- The tagline should always appear in all caps.
- When using the tagline in body copy, it is not necessary to use Copperplate 33 BC or bullets between words. A comma should separate safer and healthier.

Size

- Place the tagline large enough to be legible. We recommend a minimum of 1½ inches wide.

Placement

- Whenever the CDC logo is used without the tagline on external communication materials, the tagline must appear elsewhere on the document.
- If the printable area on a premium item is too small to display the tagline legibly, it may be omitted.

Trademark

- The trademark symbol ™ always appears with the stand-alone tagline.
- The trademark symbol ™ should always appear in PMS 286 Blue, black or white, matching the color of the tagline.
- The trademark symbol ™ must always appear in a sans serif typeface like Helvetica or Arial, no taller than half the letter height.

(See The [Trademark section](#) for more information.)

Tagline Sources

- When creating your document, always use electronic or camera-ready artwork.

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Never use a laser print, color print or facsimile copy as your original source for the tagline. If you do not have access to any of the necessary typefaces, contact MASO for support at 404-498-0113.

- For questions regarding use of the tagline, please contact the Brand Coordinator in your CIO, the Office of Communication or MASO.

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PROGRAM DESCRIPTORS

The bottom line of CDC's identity is the work you do in your programs. We know from audience research, however, that most people are not familiar with the wide range of CDC's work. Even fewer people can ascribe CDC's good name to the work you do. Long names or acronyms only compound the problem.

To help people have a better understanding of CDC's work, the Office of Communication worked with each CIO to develop a set of [program descriptors](#) that can be used in conjunction with the CDC logo. The program descriptors can be described as a "relational" strategy, since they relate your work back to the overall agency. In order to be sure you are using approved program descriptors, please contact the Brand Coordinator in your CIO.

These terms will aim to describe your programs and provide a sense of the scope of CDC's work in ways that are meaningful and understandable to the public, partners, media, etc.

Color

- The program descriptor text should always reverse to white from the program descriptor box.
- CIOs are encouraged to select a signature color from the palette to use as a background for the program descriptor box. The union of the signature color and program descriptor text will be used to highlight the work of each program within the overall agency (see the [Color Palette](#) section for more information).
- To build a strong association between a program descriptor and a color choice, only one color per program descriptor is allowed; however a CIO can select multiple program descriptors with a unique color for each.

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Injury Prevention



Injury Prevention



Injury Prevention



Injury Prevention



Injury Prevention

Note: The color combinations shown with the solid logo style also apply to the gradation logo style (see Logo Style section for more detail on logo background options).

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TYPOGRAPHY

- Program descriptors must always appear in ITC Avant Garde Bold, available in the Font section in Resources.
- The program descriptor text must be in initial caps.
- Do not stack multiple lines of type in one box. Each line of type should sit in its own box.



Size and Proportion

- Place the program descriptor text large enough that the legibility and proportion will not be compromised.
- The program descriptor text should float in the box with enough visual space on all sides. If necessary, the program descriptor text can be stacked in two boxes.
- The program descriptor box should never be used as a stand-alone element.

Program Descriptor Sources

- When creating your document, always use original, electronic or camera-ready artwork. Never use a laser print, color print or facsimile copy as your original source for the [program descriptor](#). The ITC Avant Garde Bold typeface is available in the Font section in Resources.
- For questions regarding use of the program descriptor, please contact the Brand Coordinator in your CIO or the Office of Communication.

Typography

Readability is at the core of any design. Each graphic building block has been designed and presented in this guide in its mandatory typeface. The consistent look of these elements will ensure readability and further enhance the public's recognition of CDC and the work we do.

Design Element	Typeface
SAFER • HEALTHIER • PEOPLE	COPPERPLATE 33 BC (ALL CAPS)
CENTERS FOR DISEASE CONTROL AND PREVENTION	COPPERPLATE 33 BC (CAPS AND SMALL CAPS)
WRAP TEXT	COPPERPLATE 33 BC (CAPS AND SMALL CAPS)
Program Descriptor	ITC Avant Garde Bold (Initial Caps)
Trademark Symbol TM	Sans Serif (Helvetica or Arial)

Headlines

- The following typefaces complement those used in the logo and design elements and are recommended for headline copy:

Avant Garde Demi Bold

Futura Bold

Franklin Gothic Demi

Goudy Old Style Bold

Body Copy

- The following typefaces complement those used in the logo and design elements and are recommended for body copy:

Arial BT

Avant Garde Book

Futura Book

Garamond Book

Helvetica

Times New Roman/Times

Minion

Note: If you do not have any of these typefaces, contact MASO for support at (404)498-0113.

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WRAP

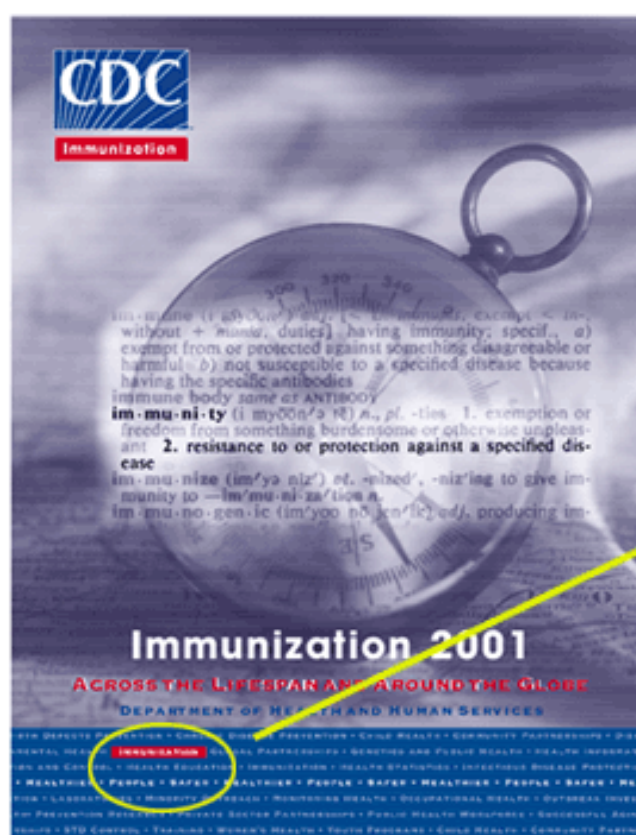
The wrap is an optional graphic element that conveys CDC's work by listing a wide range of health issues covered across the agency. Over time, the wrap will evolve to include some program descriptors chosen by the CIOs (see the [Program Descriptors](#) section for more details). The words that appear in the wrap should always convey the full scope of CDC's work, rather than focus on a particular program area.



Color

- The wrap is currently a one-color product.
- The wrap is provided in PMS 286 Blue and black in the Resources section.
- As shown in the product concept on this page, highlighting the relevant program descriptor text in the corresponding signature color will be the only customization that can be made to the wrap content.
- You can special order the wrap in other colors or with a program descriptor called out in its signature color from the MASO graphic services department. Color can be selected from the approved CDC Color Palette (see the [Color Palette](#) section for color choices).

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The NIP report cover concept models a program descriptor called out of the wrap in a signature color.

Placement

- The wrap artwork, regardless of placement, must be sized proportionately and large enough for the text to be readable. Consult [Vector-Raster Relationship](#) in the Sizing and Proportion section in the Logo section for help choosing the correct file format for your artwork and software program.
- Wrap treatments have been provided in the Resources section for use on CDC products. Consult with OD's Office of Communication if you want to create an unusual treatment of the wrap. All wrap variations must first be cleared through the Office of the Director.
- The wrap can be used as a full page or positioned along the top, bottom or side edges of your communication materials.
- Consider using the wrap on product covers, inside pages of publications or title slides of PowerPoint presentations to reinforce to your audience the breadth of CDC's work.

Wrap Sources

- Always use electronic or camera-ready artwork. Never reproduce the wrap from a laser print, color print or facsimile copy.
- At press time, technical questions about the wrap were still being tested. Until these questions have been answered, you can use the wrap files available in the Resources section or submit special requests for wrap color or dimensions to the MASO graphic services office at 404-498-0113. We will provide you with updates about using the wrap as the technical questions are answered.
- For questions regarding use of the wrap please contact MASO, the Brand Coordinator in your CIO or the Office of Communication.

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COLOR PALETTE

The palette of PMS and websafe colors that complement PMS 286 Blue is provided in this section. These colors can be used as complementary colors on report covers, brochures, web pages, etc. In addition, each CIO can select signature colors for their program descriptors (see [Program Descriptors](#) section for more details).

The colors, as well as the program descriptors, can be used to highlight the work of each program within the overall CDC graphic design system. CIOs may select a particular color or colors to represent their program areas. Contact the Brand Coordinator in your CIO for final color selections. All CIOs can use all the colors in the color palette. No CIO has exclusive rights to any specific color.

Print Production Color Systems

- **PANTONE MATCHING SYSTEM® (PMS)** is standard among ink matching systems for color reproduction. These standardized colors are typically used by designers and printers to ensure exact color matching on printed materials. Supply the printer with a PMS color chip along with the artwork.
- **CMYK (Cyan, Magenta, Yellow, Black)** is a color ink system used in four-color process reproduction. The CMYK method mixes these four colors by predetermined percentages to replicate selections in a color palette, like PMS.

Electronic (Screen Viewing) Color Systems

- **RGB (Red, Green, Blue)** is a process typically used within electronic applications such as Microsoft PowerPoint. The RGB method mixes these three colors by predetermined percentages to replicate selections in a color palette, like PMS. For the CDC graphic design system, RGB attempts to bridge the gap between the PMS palette and the colors you see on the computer screen.
- **Websafe Color** is a color system set up to standardize the colors used on the internet and on-line applications. They are much more limiting than the PMS colors and therefore are not an exact match. This color system was created to represent true colors with a universal color palette that is accepted and used by everyone on the web.

CDC Color Palette



PMS 403
C0 M7 Y17 K43
R145 G136 B115
Websafe: 999999



PMS 158
C0 M61 Y97 K0
R254 G102 B13
Websafe: FF6633



PMS 259
C55 M100 Y0 K15
R81 G0 B106
Websafe: 660066



PMS 116
C0 M16 Y100 K0
R255 G217 B17
Websafe: FFCC00



PMS 327
C100 M0 Y44 K17
R0 G126 B115
Websafe: 009999



PMS 492
C0 M70 Y66 K30
R156 G39 B34
Websafe: 993333



PMS 341
C100 M0 Y67 K29
R0 G101 B70
Websafe: 006666



PMS 444
C15 M0 Y15 K42
R123 G130 B124
Websafe: 669999



PMS 172
C0 M66 Y88 K0
R253 G90 B30
Websafe: FF3300



PMS 124
C0 M28 Y100 K6
R240 G175 B0
Websafe: FF9900



PMS 200
C0 M100 Y63 K12
R212 G0 B38
Websafe: CC0033



PMS 479
C30 M48 Y57 K0
R178 G128 B105
Websafe: CC9966



PMS 368
C57 M0 Y100 K0
R89 G177 B36
Websafe: 33CC00



PMS 465
C20 M32 Y58 K0
R208 G166 B96
Websafe: 996600



PMS 624
C44 M0 Y35 K20
R111 G169 B124
Websafe: 009966



PMS 266
C79 M90 Y0 K0
R32 G13 B129
Websafe: 9933FF



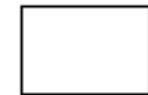
PMS 286
C100 M66 Y0 K2
R11 G61 B145
Websafe: 003399



PMS 644
C42 M15 Y0 K6
R141 G177 B199
Websafe: 99CCCC



Process Black
C0 M0 Y0 K100
R0 G0 B0
Websafe: 000000



White
C0 M0 Y0 K0
R255 G255 B255
Websafe: FFFFFFFF

Note: The colors in this chart are the websafe version. Check a PMS book for the true color matches.

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IMAGES

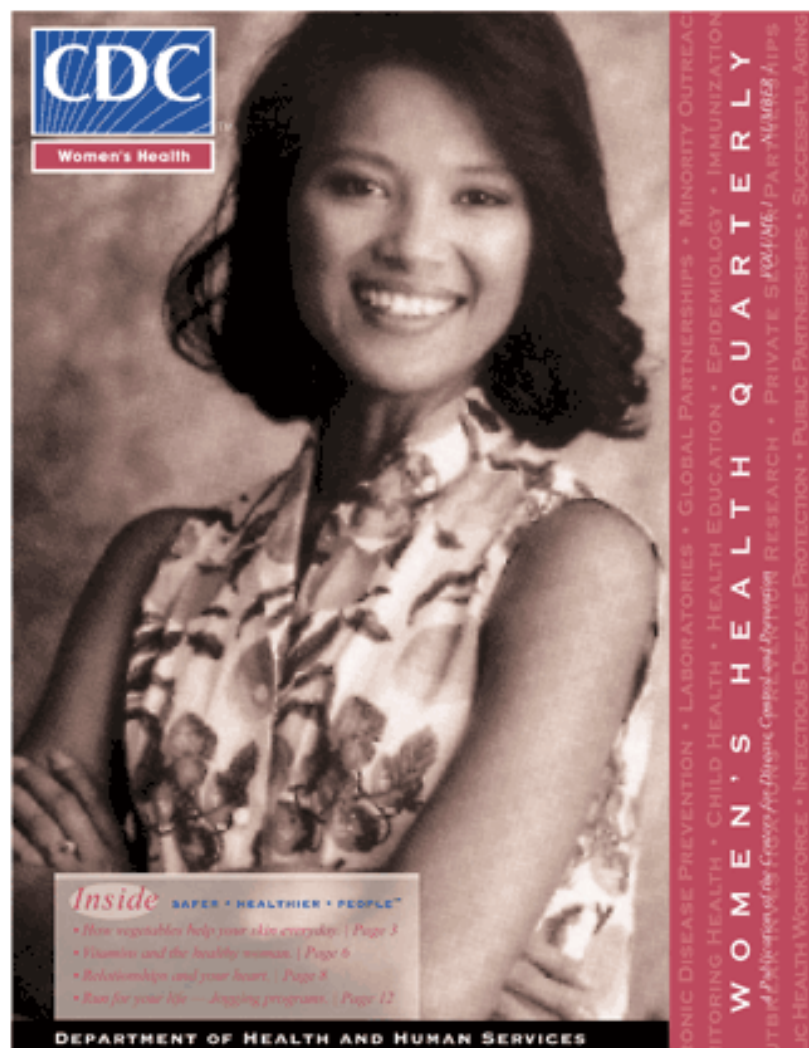
The images we use in our print and electronic communication materials are among the most powerful tools we have to convey the scope and impact of our work. Appropriate photographs can effectively represent the beneficiaries of our work—the people we serve. At the same time, imagery also provides an opportunity to communicate the public's perception of CDC as an action-oriented agency.

Images

Selecting an image that supports the message behind the material is challenging. The Office of Communication is building an image library to help make these searches easier.

Selection Guidelines

- Photography of the people we serve is the preferred image style of CDC's graphic design system. Photographs of public health professionals should be limited.
- Images should highlight average people able to carry out their every day activities in a safe and healthy manner as a result of our work.
- When appropriate photos are not available, illustrations can be used to portray CDC's credible image. "Wallpaper" effects or textured backgrounds are useful for some topics, like laboratory guidelines (see the "water drop" concept applied to the Assisted Reproductive Technology Success Rates report in the [Product Samples](#) section).
- Avoid clip art, line art and one-dimensional pieces.



Design Concepts

The design elements behind CDC's new look were created as modular building blocks. Using these building blocks in engaging and imaginative ways can intensify the power and impact of CDC's products and messages. This is true of the imagery incorporated into communication materials as well as the treatment of the design elements, like the tagline or wrap.

This section is meant only to give you ideas for your layouts. These are not hard and fast rules, just possible directions you might want to explore. The [Product Samples](#) section provides examples of product designs and templates for your reference. Please share design concepts you develop with the Brand Coordinator in your CIO for possible inclusion in the Product Samples section.

Image Treatments

- Full bleed single shots, like the Injury Profile concept shown below, are the preferred image style. The single image can make a concise and bold impact on your audience.
- Screened back images work well to dramatize abstract concepts and enliven complex subject matter.
- Montages, like the CFO report modeled below, can provide the audience with a quick view into the scope of the beneficiaries of your work.
- Creating a silhouetted outline of the subject in your photograph, like the NCIPC Program Review cover with the firefighter in the [Product Samples](#) section, is

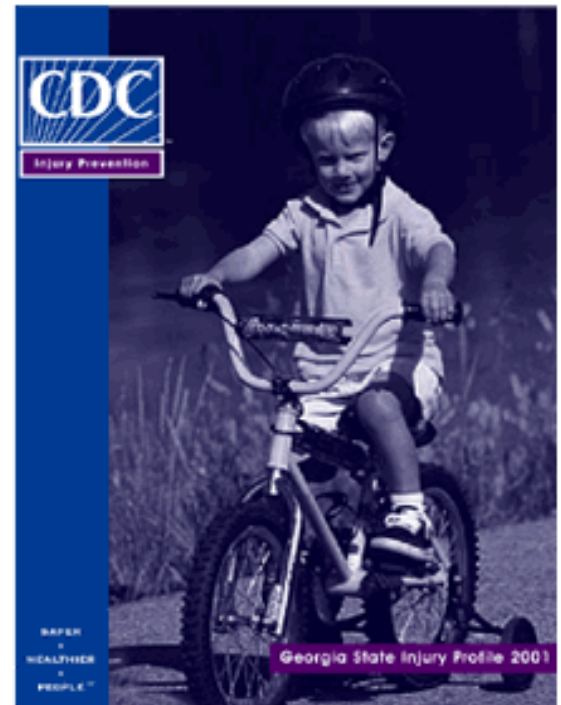
Continued on Next Page

another effective tool for calling attention to the focus or beneficiary of your product.

- The effect you are trying to achieve and budgetary allowances will probably be the main factors that guide your color choice. As an alternative to four-color process, halftone, duotone or tritone color treatments can create a dynamic effect.



Montage treatment applied to the CFO Annual Report.



Full bleed single image applied to an Injury Profile Concept.

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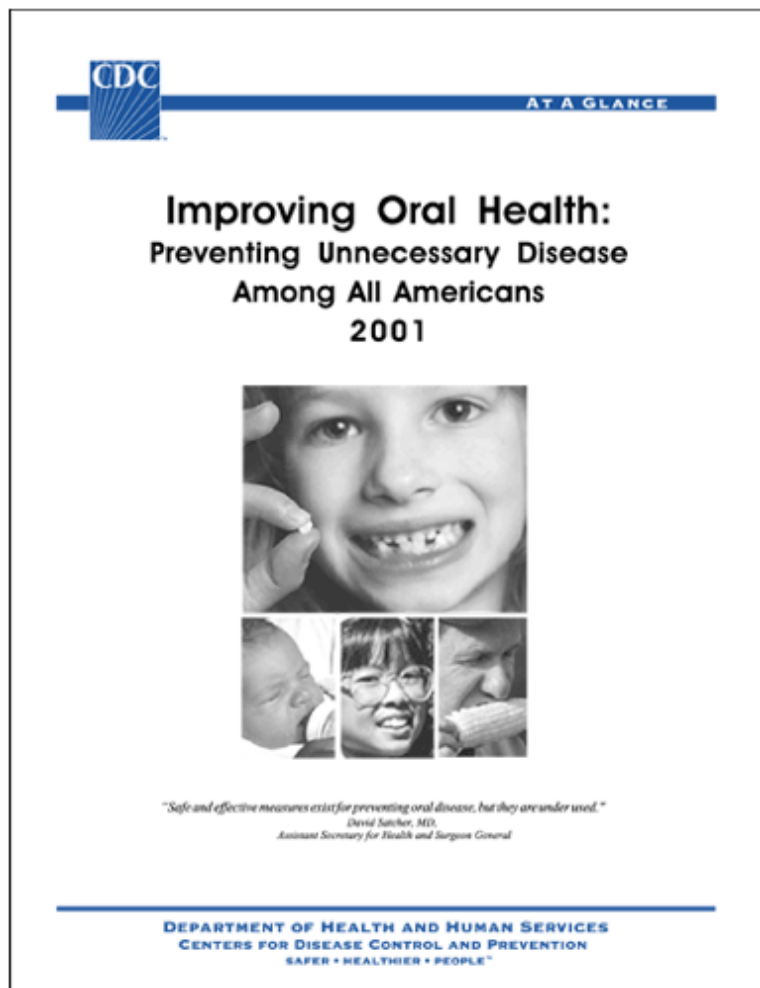
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DHHS IDENTIFIER

Presently, the use and placement of Department of Health and Human Services identifiers on CDC products is being clarified. Once guidelines have been determined, the Office of Communication and the Brand Coordinator in your CIO will pass that knowledge on to you. In the interim, follow the 1998 HHS guidelines which can be found online at <http://intranet.hhs.gov>

The following items remain constant:

- When spelling out Department of Health and Human Services, the Department name must be in a larger font size than Centers for Disease Control and Prevention.
- Do not use the ampersand symbol "&," the words "United States" or the abbreviation "U.S."



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PRODUCT SAMPLES

The following are examples of ways the graphic standards have been incorporated into a number of CDC products. Each CIO is working with the Office of Communication to develop approved templates for their programs and for all of CDC to use.

Note: Some of the samples in this section were produced as concepts early in the development of CDC's graphic design system. As such, they are not final versions in complete compliance with the standards outlined in these Guidelines.



NCIPC Program Review




"About CDC" Brochure



Internal Identity Brochure

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MMWR™

Morbidity and Mortality Weekly Report

Recommendations and Reports APRIL 24, 2000 / VOL. 51 / NO. 15


Poliovirus Prevention United

Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP)



A young boy in a field, looking down at something in his hands.

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MMWR™

Morbidity and Mortality Weekly Report

Surveillance Summaries APRIL 24, 2000 / VOL. 51 / NO. 15

Surveillance for Characteristics of Health Education Among Secondary Schools - School Health Education Profiles, 2000



Three young boys looking through a microscope together.

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MMWR™

Morbidity and Mortality Weekly Report

Weekly APRIL 24, 2000 / VOL. 51 / NO. 15

FIGURE 1. Number of suspected acute cases of HFV by age group



Number of suspected acute cases of HFV by age group

Advisory Committee Recommends Annual Vaccination - Five Shot Season is Once Again in Full

The Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination and one dose of pneumococcal vaccine for persons at increased risk for complications from influenza and pneumococcal infections, including all adults aged 65 years and younger adults with chronic conditions (e.g., heart disease, lung disease, or diabetes (COPD). During 10 of 51 annual influenza epidemics during 1975-1999 in the United States, approx-

Acute Flaccid Paralysis Surveillance

CDC's National Centers for Communicable Diseases and Control (NCCDC) monitors occupational injury deaths through death certificates completed for the National Traumatic Occupational Fatalities (NTOF) surveillance system* (1). Previous reports analyzed data from 1988-1999 (2). This report updates these estimates on the magnitude of work-related injury deaths for the United States from 1988 through 1999. For each recent year for which data are available from this system, and identifies high risk industries and occupations at national and state specific levels. National NTOF surveillance system* (2). Previous reports analyzed data from 1988-1999 (2). This report updates these estimates on the magnitude of work-related injury deaths for the United States from 1988 through 1999. For each recent year for which data are available from this system, and identifies high risk industries and occupations at national and state specific levels.

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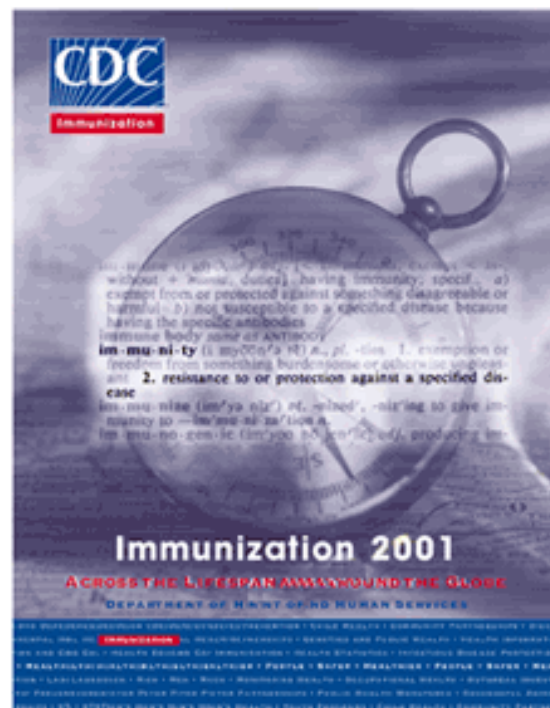
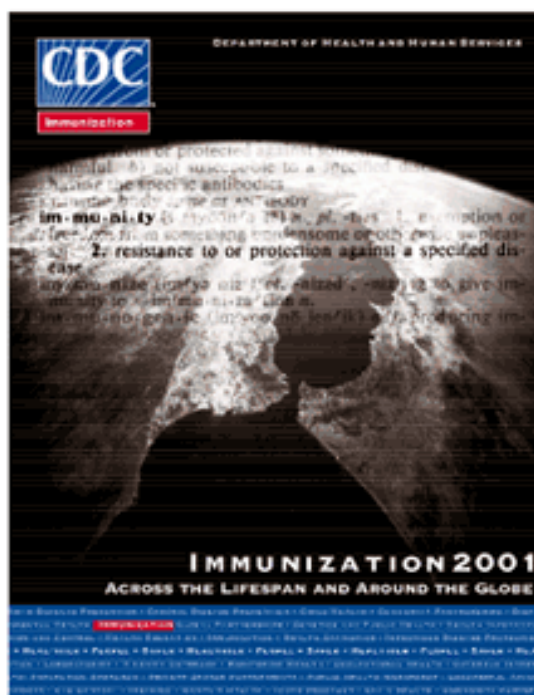
CONTENTS

- 207 Workforce Mortality Data
- 207 Total Occupational Injuries - U.S.
- 208 Surveillance for National Occupational Injuries Resulting in Hospital Emergency
- 208 Emergency Department After Incomplete Medical History
- 209 Diagnosis and Reporting of HIV and AIDS in Home with Integrated HIV and AIDS Surveillance - U.S.
- 214 Notice to Readers

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The MMWR Family of Products

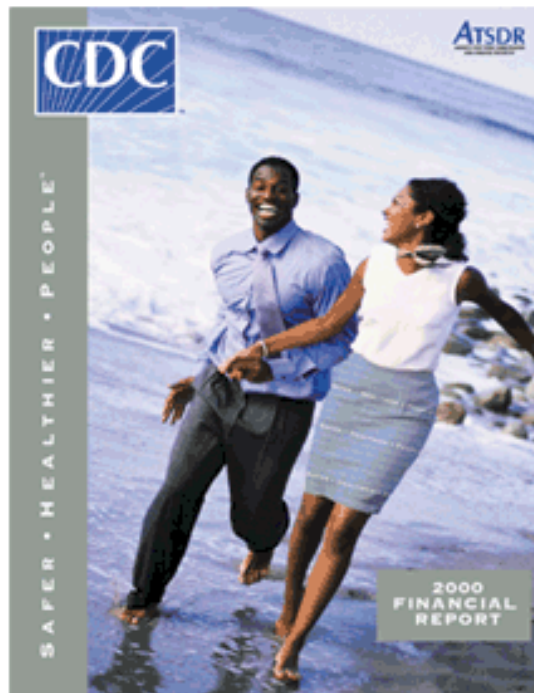
Continued on Next Page



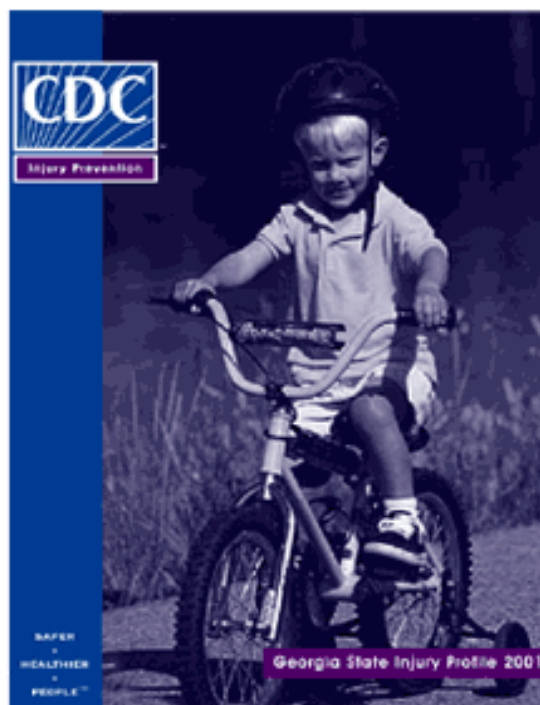
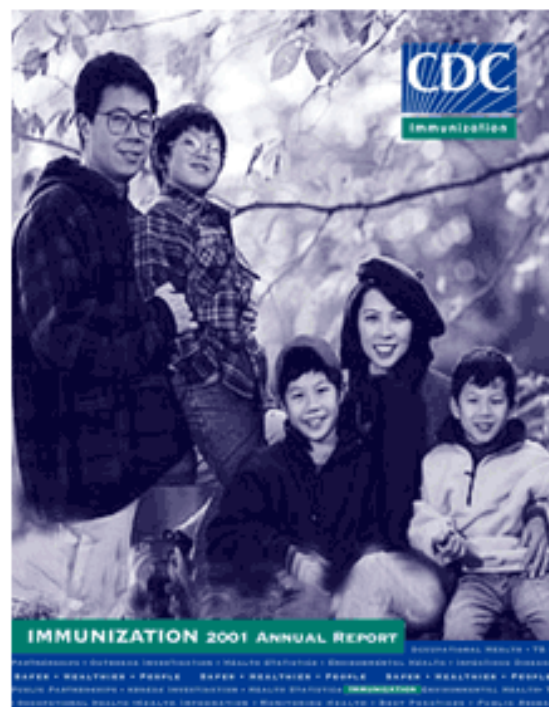
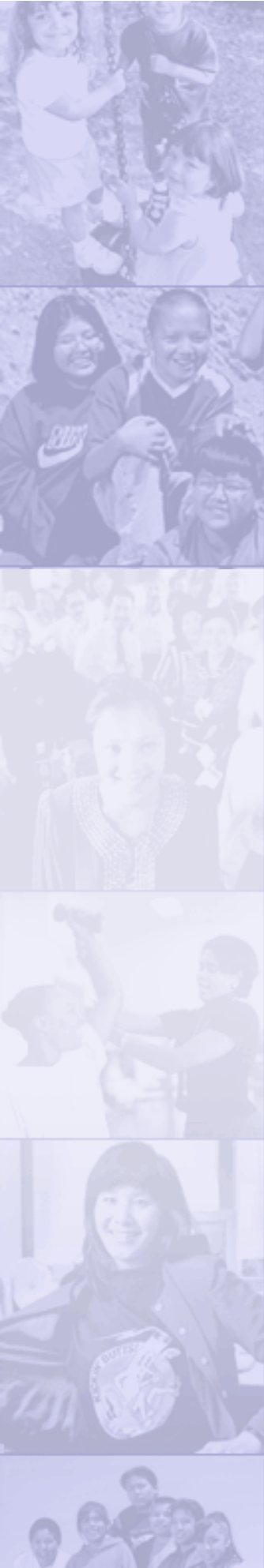
Report cover concepts for NIP



Newsletter concepts for OWH



Design Concepts for the Chief Financial Officer's Annual Report



CDC Graphic Design System Concepts
Presented at Senior Staff Meeting, October 2000



Identity Building Blocks used in
CDC's 2000 APHA Conference Exhibit

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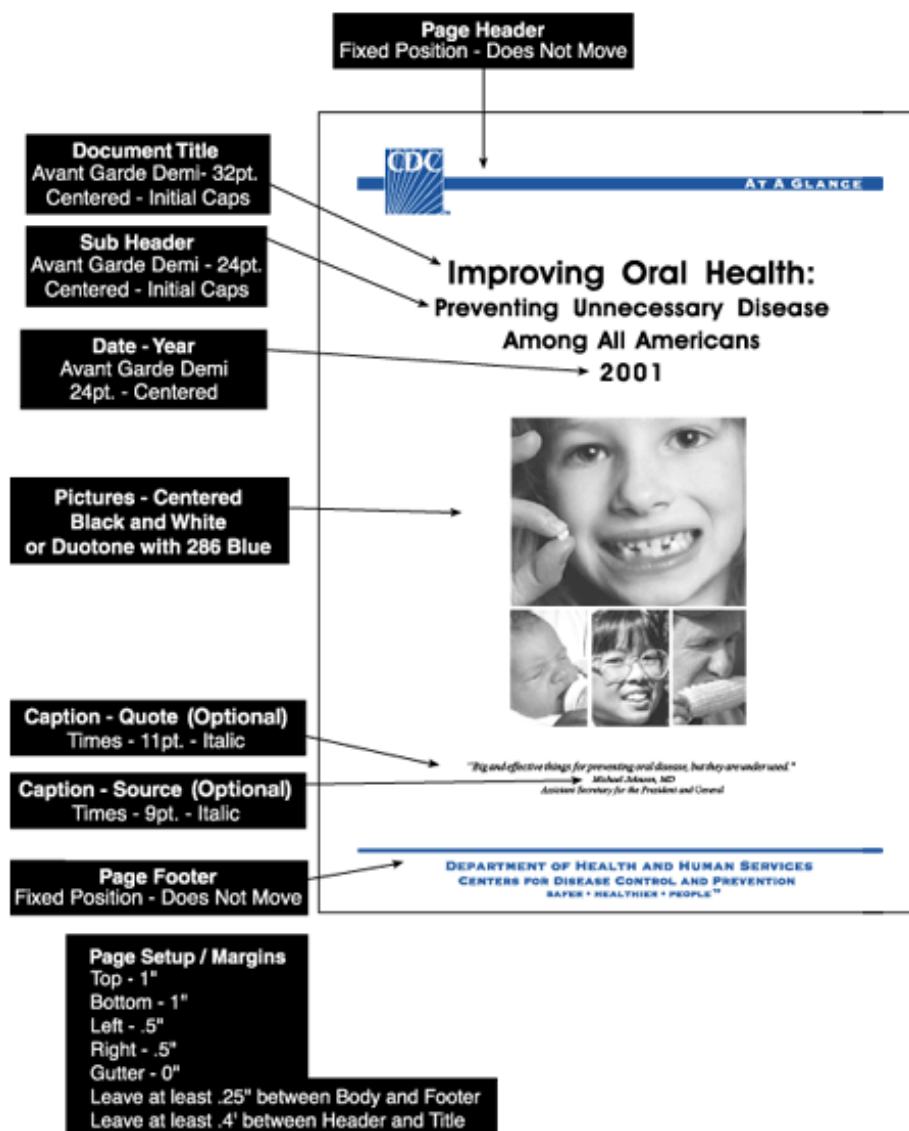
PRODUCT TEMPLATES

The following templates have been approved for use across CDC to promote a consistent image to our many external audiences. The template items included in this section are:

- At A Glance
- Program in Brief
- PowerPoint Template (optional)
- Business Cards
- Info Kit

These templates can be obtained from the [Template](#) section in Resources. The addition of your text and supporting images should be the only customization made to these pieces—the designs must remain constant. If you have any questions about how to use these items, contact the Brand Coordinator in your CIO.

At a Glance Template



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NOTE: Contact the Brand Coordinator in your CIO for information about getting business cards produced.

CDC - BLACK/WHITE BUSINESS CARDS

STYLE GUIDE

4 ACCEPTABLE BUSINESS CARDS



#1

Name - Initial Caps
Avant Garde Dm BT - 12 pt.
"MD" - 8pt. - After Name

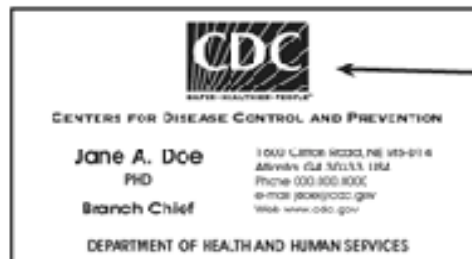
Title - Initial Caps
Avant Garde Dm BT - 10 pt.
"Card #5" - 8 pt.

Company Name - CDC
Copperplate 91 bc - 8.5 pt.
8 pt. - On Vertical Card

Address Lines
Avant Garde - Md BT - 7 pt.

Phone #s and Web Sites
Avant Garde Md BT - 6.5 pt.

NO BLEEDS - All Cards Have an 1/8 inch edge



#2

DHHS Identifier
Avant Garde Dm BT - 8 pt.
5 pt. on style 4 only

CDC - Logo & Tagline
CANNOT BE CHANGED
OR MANIPULATED

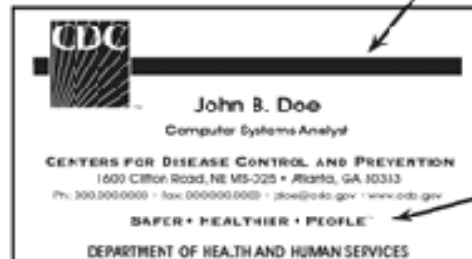
Masthead
Line through the
masthead is 10 pt.
CANNOT BE MANIPULATED

Optional-

Center & Division Name
Avant Garde Md BT - 7 pt.
Center and Division names are
optional on styles 1 and 4.
Branch Level Names
Should Not Be Included



#4



#3

Tagline - At Bottom
Copperplate 33 bc - 9 pt.
CANNOT BE MANIPULATED

NOTE: Contact the Brand Coordinator in your CIO for information about getting business cards produced.

CDC - BLUE BUSINESS CARDS

STYLE GUIDE

4 ACCEPTABLE BUSINESS CARDS



#1

Name - Initial Caps
Avant Garde Dm BT - 12 pt.
"MD" - 8pt. - Allow Name

Title - Initial Caps
Avant Garde Dm BT - 10 pt.
*Card #5 - 8 pt.

Company Name - CDC
Copperplate 31 bc - 6.5 pt.
8 pt. - On Vertical Card

Address Lines
Avant Garde - Md BT - 7 pt.

Phone #s and Web Lines
Avant Garde Md BT - 6.5 pt.

NO BLEEDS - All Cards Have an 1/8 inch edge

CHHS Identifier
Avant Garde Dm BT - 8 pt.
6 pt. on style 4 only

CDC - Logo & Tagline
CANNOT BE CHANGED
OR MANIPULATED

Masthead
Line through the
masthead is 10 pt.
CANNOT BE MANIPULATED

Optional
Center & Division Name
Avant Garde Md BT - 7 pt.
Center and Division names are
optional on styles 1 and 4.
Branch Level Names
Should Not Be Included

Tagline - At Bottom
Copperplate 31 bc - 9 pt.
CANNOT BE MANIPULATED



#2



#4



#3



Front Cover



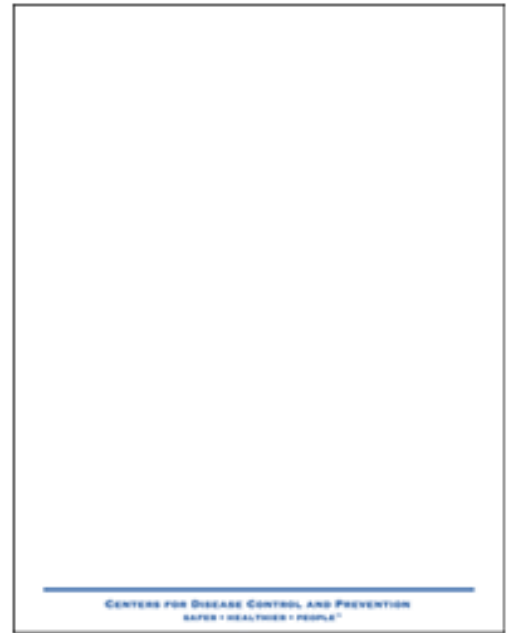
Back Cover



New CDC pocket folder

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Components of CDC Info Kit



Blank template for customized materials added to the Info Kit,
like a press release or fact sheet for a conference

NOTE: This is NOT CDC Letterhead

Components of CDC Info Kit



Jeffrey P. Koplan, M.D., M.P.H.

As many people know me to be a doctor, and others, equally, "the world's only son," these phrases "the doctor" and "the world's only son" are very close to me.

Dr. Jeffrey P. Koplan, Director of the Center for Disease Control and Prevention (CDC), first saw the calling of his father as a child in China. His father, a physician, was a trained world in China and England that where his father is, he is, the world's only son.

Emerging infectious diseases, antibiotic-resistant organisms, bioterrorism, food safety issues, chronic diseases such as diabetes, tobacco and environmental health—all of these are in Jeffrey's agenda as he guides the nation's premier public health agency.

"There's no health in anything one does in public health," says Jeffrey. "You can have major triumphs, but still have a lot of setbacks, and you're in it for the long run."

Jeffrey P. Koplan, M.D., M.P.H.
Director, CDC, interview, 2008

Subduing the nation's health has become an ever more complex task, and Jeffrey is uniquely positioned to tackle the challenge. He began his public health career at CDC as the Epidemic Intelligence Service (EIS), an elite of the "disease detectives" who travel the world to investigate and control outbreaks. In his decade at CDC, his career has involved an equally varied range of public health. He notes, he remains a result of the education that gave him a community medicine while he was a medical student in the 1960s at Mount Sinai School of Medicine.

Koplan shared in one of CDC's greatest triumphs when he joined the team that evaluated amylase in the mid-1970s. As a young EIS officer, Koplan worked in Bangladesh, one of the last recipients of the amylase infection.

He still laughs as he recalls feeling that his career had peaked too soon. "I kept thinking that since I do this, this will always have been the most interesting, the most exciting thing I have ever done."

Of course, that was far from the truth. After he completed a year in the Caribbean and left CDC to obtain a master's degree in public health at Harvard University, Koplan found himself at the forefront of other global public health issues. From President Richard Nixon's last special interview with the People's Republic of China, and Koplan became coordinator of a U.S.-Chinese public health collaboration. While he built new diplomatic links for his country, Koplan also formed lasting personal and professional relationships.

His diplomatic work was frequently needed in 1984, when Koplan led a team to assess the public health implications of the chemical disaster in Bhopal, India. Indian officials had not invited the Americans—or other foreigners—into the region, but with a guarantee that chemical plants had not and would not, Koplan managed to gain access for his team. They spent their days in the area and had a lot of time to develop for further public health assistance.

"Your most important skill and attribute is a large dose of humility," he says. "Those who don't bring that to their global health work are destined to fail."

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The model of offering assistance without interference is a hallmark for CDC's involvement around the world, as CDC staffers bring their expertise to other disaster sites, such as the devastating earthquake in Turkey.

Meanwhile, Koplan faced a new major public health threat. In 1987 and 1988, he chaired the Public Health Service Executive Committee on Acquired Immunodeficiency Syndrome (AIDS) as members struggled to identify and understand the emerging disease. As early as 1987, Koplan and others at CDC advocated immediate prevention strategies.

Then and now, Koplan has been a tireless proponent of public health, understanding the consequences of inaction and building on his commitment. In the words of his father, "I've come to see that and do it again, I would be much stronger and more confident than I was once before," he says.

Participation in the face of opposition is practically a job requirement for a CDC chief. Virtually all aspects of public health are almost more controversial than in the past. Over the last two decades, CDC has moved steadily into prevention, which crosses into the personal areas of lifestyle and political debates such as gun control.

In 1988, Koplan became the first director of CDC's new National Center for Chronic Disease Prevention and Health Promotion. He established a national breast and cervical cancer early detection program, which now provides over \$100 million in grants nationwide and contributed to the higher rate rates of these diseases. During his first years (1989 to 1990) as the private sector as director and president of the President's Council on Health Care Research, Koplan argued health care delivery efforts toward a range of prevention activities. Koplan was named CDC Director and Administrator of the Agency for Toxic Substances and Disease Registry in July 1990 and served into the past in October of that year.

Koplan's own habits go beyond his agency's advice that Americans should exercise regularly. Koplan spends an hour or two a day at one of his favored activities: 10 laps in the pool, seven or eight miles of running on the Chantabon River, an hour of spinning on his or working with weights at a health club.

Koplan has made exercise a family and community activity. He proudly displays a photo of himself with his daughters, Ryan, 22, and Amy, 20, at the front line of the President Bush Race. And every Memorial Day he and a friend swim their swimmers and friends to join them in a triathlon that includes swimming, running or walking, and biking. His wife, Carol Koplan, M.D., who teaches medical health policy at Emory University, spends a brisk walk.

Ironically, Koplan's greatest challenge as the helmsman of CDC doesn't involve the battle for healthier lifestyles or even the competing of a health system. His priority is to "rebuild the public health system as that we will be prepared for all of the health threats of the 21st century." By that, Koplan refers to the network of state and local public health agencies, which have varying technological capabilities, resources, and legal authority. Koplan also worries about CDC's own existing facilities, some of which were built as temporary structures during World War II.

Koplan himself ruled for years in a Washington collective in one of the nation's oldest structures. But even in these buildings now double in storage and office space for environmental staff. Eventually, the bricks and mortar problems could overwhelm CDC's ability to react in larger numbers, Koplan says.

Rebuilding CDC's physical structure is one task that Koplan has never before encountered. But he still can rely on the fact he learned from CDC's triumph against the AIDS epidemic.

"The big lesson from amylase, for those of us who worked on it, was to pick a seemingly insurmountable goal, decide that you can do it, work hard with a talented group of persons and accomplish it," says Koplan. "I give you a piece of the rest of your career."

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CDC Director Biography

1960 Solving a public health mystery
A report in the May 15, 1960 edition of the *MMWR* alerts the public to a sudden substantial increase of acute shock syndrome (ASS) among transfusion recipients. Research completed by CDC and follow-up studies, public health officials, epidemiologists and laboratory clinicians from the "emergency" of national TSS back to new donor blood supplies.

1962 Responding to an emerging infectious disease threat
With the California health department, CDC reports the first case of an illness which will later be named acquired immunodeficiency syndrome (AIDS).

1966 Preventing measles's threat
As CDC took focus on infectious diseases and child day care provides important information on infectious control problems for child care settings.

1968 Redefining a sign of the times
CDC becomes known as the Center for Disease Control and Prevention, reflecting the Agency's expanded focus on health promotion and helping people anticipate and avoid injury and health risks.

1969 Responding to immediate public health threats
CDC quickly discovers that a previously unidentified bacterium is the cause of a series of mysterious deaths among healthy young adults in the Western U.S.

1969 Helping people make informed health choices
CDC directs the world's attention to tobacco use by the same and young adults with the release of their reports on tobacco's threat to health among young adults. The Surgeon General's Report on Preventing Tobacco Use Among Young People, and an analysis of the symptoms of nicotine withdrawal among men and young adult tobacco users in the U.S.

1969 Protecting people against a new health threat
An early proponent of injury control and prevention, CDC publishes recommendations for bicycle helmet use.

1976 Offspring Americans as "targeted to good health"
CDC and the Office of the Surgeon General release the first Surgeon General's Report on Physical Activity and Health. The report explains that regular moderate physical activity offers substantial benefits to health and well-being for the vast majority of Americans who are not physically active.

1987 Preventing teenagers from informed decision-making
CDC issues the 1987 National Reproductive Technology Science Report, National Summary and Family Life Report, the Agency's first report on fertility issues.

1989 Promoting the health and safety of motorists
CDC, the House of Representatives, and the National Council on Public Alcoholism organize the National Road Alcohol Campaign to promote the use of fetal acid, which can prevent the serious preventable birth defects spine fetals and neurology. In its first year, the campaign increased knowledge among women planning to start a family about the need to take fetal acid before they become pregnant.

1989 Working with partners
After identifying the West Nile virus and warning New York with outbreak control in 1988, CDC developed Control Guidelines and provided financial assistance to states.

For a more detailed listing of CDC's accomplishments, visit our web site at www.cdc.gov

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TIMELINE

CDC MILESTONES

Since 1946, CDC has continuously risen to meet the public health challenges of the time. The events related on this timeline highlight our story and evolution through the years.

1946 Preventing Americans from the threat of disease
Communicable Disease Center (CDC) is established, assuming the responsibilities of the Office of Malaria Control in War Areas. The goal of the new agency is to protect the public by quickly identifying imported diseases brought into the U.S. by returning soldiers.

1947 Shielding people from environmental diseases
In April, CDC provides disaster assistance during multiple chemical exposures in Texas City, Texas. This leads to CDC's designation as the Public Health Service (PHS) agency responsible for providing technical assistance during instances of potential health threats from technological and environmental events.

1961 Solving answers and information
CDC creates the Epidemic Intelligence Service (EIS). A core group of 20 scientists are trained to respond quickly to acute infectious disease outbreaks in the U.S. and abroad.

1963 Tracking down (spreading) answers
CDC establishes the Public Health Service Unit in response to a nationwide epidemic of vaccine-associated poliomyelitis. CDC uses the national public vaccination program by identifying the polio vaccine manufactured by the Cutter Laboratories, a pharmaceutical company, as the sole source of the outbreak.

1968 Providing information for a healthier people
CDC's National Health and Nutrition Examination Survey (NHANES) begins surveying the American public on heart disease, nutrition, physical activity and injuries, helping people make good health decisions for years to come.

1968 Working together for a safer world
CDC leads a collaborative effort to evaluate amylase in 20 African countries. Partners include the World Health Organization, USAID and government agencies from many other nations and other health organizations. Less than a decade later amylase is eradicated worldwide.

1976 Subduing the public
CDC continues protecting people from disease around the world - CDC discovers Legionnaires' disease in Philadelphia and investigates outbreaks of Ebola and hemorrhagic fever in Zaire and the Sudan.

1978 Cutting edge protection
CDC develops the technology to detect the presence of lead in the blood. Since that time, CDC has used the test to protect more than 1.7 million children from lead poisoning.

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CDC Timeline

NOTE: Information kits packaged for distribution would typically include the "About CDC" brochure.

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WEB GUIDELINES

CDC's presence on the internet continues to grow by leaps and bounds. Every day, public health professionals, public officials and members of the general public around the world visit any number of our more than 90,000 web pages for answers to their health questions. They look to us because CDC has proven time and again that we consistently provide reliable information to safeguard their health.

Our web sites also provide another opportunity to deliver a clear and consistent message to our many audiences about the scope and breadth of our work. A CDC Internet committee developed a template to keep our internet presence consistent across all of CDC's work.

What are the key elements that should be incorporated into my web site?

- The logo and tagline create CDC's signature on the web. Always make sure the template you are using has the logo/tagline combination in the upper left-hand corner. If your web site links to the main CDC web template this happens automatically.
- To convey CDC's identity effectively through our internet products, there must be a marriage between the copy and the visual elements you design. Skim the content provided for the site to make sure it has incorporated the elements in the Writing Standards.
- Currently, program descriptors cannot be used directly below the CDC logo since the tagline is linked with the logo automatically on your template. We will be investigating ways for CIOs to use their program descriptors on web sites. Suggestions are welcome.

Web Links

All links outside of the cdc.gov domain are subject to approval. Generally, links to .edu, .org., and .gov domains are acceptable. Links to .com domains are generally prohibited, although they will be allowed under special circumstances.

Note that copying of information from other sites to cdc.gov is NOT allowed. All content on hcfa.gov is in the public domain and may be reused without request. Therefore, we can not post content that may be copyrighted by other organizations or individuals.

Please note: external links should provide visitors with a notice that informs them that they are leaving CDC's Website. An example of such a notice is as follows:

Disclaimer: The Centers for Disease Control and Prevention does not assume responsibility for information obtained beyond this point. All of the hyperlinks accessible below are outside of our domain. Please click on the "Back" button of your browser to return to this page.

Other useful policies when considering a link to an outside site:

HHS-Wide Internet Working Group Working Policy

<http://intranet.hhs.gov/lab/projects/links/>

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U.S. Department of Health & Human Services Draft Guidelines -- External Web site Selection

<http://www.aoa.gov/links.html>

hcfa.gov Web Standards

<http://hcfa.hhs.gov/about/web/links.asp>

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A Work in Progress

These graphic guidelines are being fine-tuned on an on-going basis. Each communication product that is redesigned is another opportunity to consider policy decisions about the standards. Normally, a company takes years to finalize and implement their standards. We are driving this process forward at a faster pace to be responsive to your design needs and to represent CDC with a unified voice and look.

As we learn more, the Brand Administrator in MASO, the Office of Communication, and the Brand Coordinator in your CIO will keep you posted in the months to come.

GUIDELINES

Department of Health and Human Services
Center for Disease Control and Prevention
Management Analysis and Services Office

GUIDELINES

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HINTS FROM MASO

To process your job order, Form CDC 0.103A, Request for Printing Services, must be filled out and submitted to the Publications Management Section at MS-E71. MASO offers a PDF version of the request form at our intranet site:

Services Offered by MASO

- Contract Printing—Various contracts include Tabs, Promotion Announcements, EID Journal, Color Copying, Library Book Binding, Blue Prints, MMWR and Grant Applications. Contact the Printing Office at 404-498-0113 for information and assistance.
- In-House Duplication—Limited to 150,000 impressions (multiply number of pages by number of copies); binding in the form of stapling, shrink-wrapping, lamination and saddle stitching is available. In-house duplication is no charge to the CIO. The Printing Office is the final authority on which type of printing is needed to meet CIO deadlines.
- Electronic Printing—Small quantities can be reproduced from electronic sources (WordPerfect, or text). This form of printing is at no cost to the CIO.
- Print Tracking System—This system was established to assist CIOs in accessing information pertaining to their printing requisitions. You will need to know the requisition number, contact name, title of the publication or the date on which the request was submitted. CIOs can also review all requests specific to their organization by using the CIO name. If you need assistance in printing issues, please contact the Printing Office at 404-498-0113. If you have problems or questions regarding the electronic system, contact Vicky Turner at 404-498-0113.

Getting the Job Started

To process your job order, Form CDC 0.103A, Request for Printing Services, must be filled out and submitted to the Publications Management Section at MS-E71. MASO also offers a PDF version of the request form at our intranet site:

- <http://basis1.cdc.gov/BASIS/masompb/forms/eforms/DDD/11>

A signed hardcopy of the request must accompany the printing materials (negatives, electronic media, camera ready art, etc.). A hard copy of the request is still required and must accompany the printing materials (negatives, electronic media, camera ready art, etc.). Please have the content of your job approved prior to bringing it to us. Your CIO and/or the Office of Communication should make this approval. A HHS Form 615 clearance may be needed if the publication is going to be distributed outside of the agency.

MASO does accept electronic files. Always include a hard copy along with the electronic file. Graphic files that have been exported as .tif or .eps (PC or Macintosh) are preferred. We recommend that you provide your files, either PC or Macintosh, in one of the following software applications:

- Illustrator
- PageMaker
- InDesign
- QuarkXpress
- Microsoft Word

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We look forward to working with you to produce high-quality products that contribute to safer, healthier people.

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